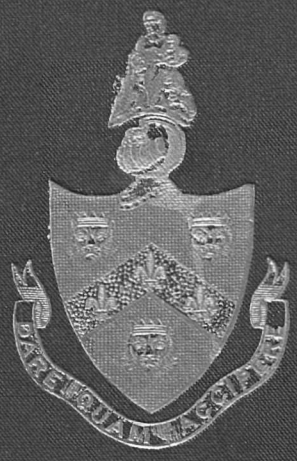
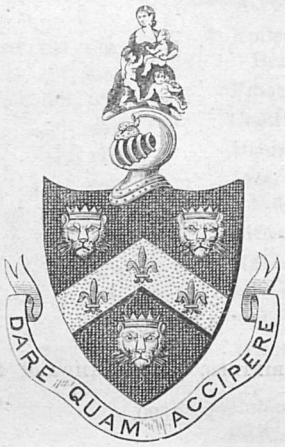


Guy's Hospital Gazette.

Dr Jewell

GUY'S HOSPITAL GAZETTE.



VOL. IV.

NEW SERIES.

1890.

LONDON:

ASH & Co., PRINTERS, 42, SOUTHWARK STREET, S.E.

1890.

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Guy's Hospital Gazette,

JANUARY 11, 1890.

CASE OF ACUTE TUBERCULOSIS.

PART OF GURNEY HOARE PRIZE ESSAY.

Alfred R., aged 19, was admitted into John Ward under Dr. Pye-Smith on December 4th, 1888. His previous health had been good till the Christmas before, when he was taken ill with a bad cough, which lasted some weeks. Six weeks before admission he had another bad cough, and since then had been losing flesh and becoming very dull and apathetic. About November 20th he became worse, but kept on with his work till November 28th. On December 1st he managed to get out to consult a doctor. Next day he was very dyspnœic and rather cyanosed. He had always been steady in his habits, and was employed as van boy by a railway company. His father was said to suffer from bronchitis and asthma, and most of the family were weak in the chest.

On admission he was extremely cyanosed, his breathing quick and laboured, 52 per minute. The larynx descended markedly with each inspiration, but there was no inspiratory stridor, and no obstruction or appearance of inflammation could be made out in the upper part of the air-passages. No definite dulness could be elicited on percussion of the lungs, but râles, mucous and sub-crepitant, were to be heard all over both sides of the chest; there were no rhonchi present. The voice and breath-sounds were normal. The anterior chest wall did not move very freely, but there was no sucking in of lower part of thorax.

His pulse was 144, rather feeble; no bruit could be heard over heart, and there was neither increase of prœcordial dulness or epigastric pulsation. The apex beat could not be felt.

His lips were almost black, dry, and cracked, his tongue dry and brown, and there was a patch of herpes below left nostril.

The edge of liver reached three inches below the ribs in nipple line. He complained of no pain anywhere. The ends of his fingers were clubbed, but he had no œdema of feet.

His temperature was 100·6.

Venesection was suggested, but was deferred on account of his feeble pulse.

He was ordered a steam kettle,

M. Ammon. Carb. gr. viii.
Sp. Ether ♏ xx.
Inf. Senegæ ʒi. 4tis horis, milk, and brandy ʒv. in the twenty-four hours.

Dr. Pye-Smith saw him at 2.15 p.m., he was then a little less cyanosed, and his breathing was 45 per minute. He was ordered mustard poultice to chest, venesectio ad ʒviii., and to take ℥ ss. of the mixture with an equal quantity of water every hour.

Venesection was performed at 3.15 p.m., the right median basilic vein being opened. The blood did not flow very freely, and only ʒiv. ss. were removed. He was relieved a little by the operation, and his pulse somewhat improved.

At 6 p.m. his breathing become worse, and he was delirious, trying to get out of bed. His pulse was feeble and rapid venesection was repeated on the left arm; venous tension seemed greater and arterial tension less than at the previous operation; blood flowed much more readily, and ʒviii. were removed. He seemed

much relieved by this, and his pulse greatly improved. His eyes were examined with the ophthalmoscope, the discs were rather anæmic, but no tubercles were seen in the charoid. His medicine was altered to

Ammon. Carb. gr. v.
Sp. Etheris ♏ xv.
Vin. Ipecac. ♏ x.
Inf. Senegæ ʒi. 2ndis horis.

At 9.25 p.m. the mustard poultice was discontinued, as its weight seemed to interfere with respiration. The abdomen being rather distended, five grains of calomel were given. During the evening his breathing became very laboured, expiration noisy, with marked descent of the larynx in inspiration. He died, rather suddenly, at 1.30 a.m.

His temperature had risen to 102.8 at 10 p.m.

Post-mortem examination.—Both lungs were thickly studded all over with small grey tubercles: pieces taken from any part of the lung sank in water. There was no evidence of old phthisis. There were thirty ounces of fluid in the right pleura, and a thickened patch from old pleurisy on the outer surface of the left lung. The great and small omenta and the mesentery were thickened and studded with tubercles, which were also scattered over the serous surfaces of stomach and intestines. The upper surface of the liver was adherent to the diaphragm, the adhesions containing numerous tubercles. There was no fluid in the peritoneum. One small transverse ulcer was found at the lower end of the ileum. There were numerous tubercles in the kidneys, a few in the liver and spleen. A caseating tubercle was found in the right suprarenal capsule, and a few in the thyroid gland. The thymus was abnormally large. No primary caseating focus could be found, although the lymphatic glands, the testes, and the vertebræ were examined. There was no sign of tubercle in the brain, or meningitis. The mediastinal glands were merely congested.

REMARKS.

The most prominent feature of this case was the patient's intense cyanosis and dyspnœa. Lividity was so marked as to suggest at once congenital cardiac disease. But the patient had never suffered so before, and had been healthy till within twelve months of his present attack. His fingers were clubbed, indicating chronic venous obstruction, but no enlargement of the heart could be made out, nor could any bruit be heard. After excluding cardiac disease, the next point to ascertain was whether there was any obstruction to the upper part of the air passages by œdema of the glottis or laryngeal diphtheria. There was no laryngeal obstruction in spite of the fact that the larynx descended in a marked manner at each inspiration, tending to shew that this sign, probably due to the sterno-hyoid and sterno-thyroid, contracting as muscles of forced inspiration, is of little value as indicating that the seat of obstruction in dyspnœa is above the glottis. Pneumonia and pleuritic effusion were excluded by the absence of dulness on percussion, and the diagnosis practically lay between acute bronchitis and miliary tuberculosis. Now acute bronchitis (capillary) of the smaller tubes, for that is the only form of bronchitis that could give rise to such symptoms, though common in young children and the old, is rare between puberty and middle age, except in those who have suffered from chronic bronchitis, or have grave cardiac or renal desease. Now although the patient before coming to London had worked for some time in a flour mill, and had a strong history of pulmonary weakness, he had never suffered from cough until the previous Christmas, and then his illness had only lasted for six weeks. But this history was regarded as doubtful in the face of the evidence of old lung trouble indicated by the clubbing of fingers. The physical signs would have answered well for acute bronchitis except that on ausculation; the râles were sub-crepitant and there were no rhonchi, pointing rather to miliary tuberculosis or broncho-pneumonia. The elevation of temperature 100·6 was also in favour of one of these diseases, and the age of the patient with the fact that he had been losing flesh for six weeks, pointed strongly to acute tuberculosis as being the most probable diagnosis. But he had no evidence of old phthisis at his apices, nor any enlarged glands or scars of scrofulous sores in the neck. The fact that weather had been mild for some time was opposed to the idea of acute bronchitis. His condition improved a little after he had been in bed some time, and his temperature rose a little.

At the first venesection the blood flowed very slowly, but he was a little relieved by it. At the second attempt a bandage, tied by no means tightly round the arm, was sufficient to almost arrest the venous flow; on removing the bandage altogether, blood spirted freely from the vein. The relief to eviculation by this was great, engorgement of the right side of the heart being relieved, and the vigour of the left side being correspondingly increased, as shown by the improvement in the pulse

The fact that no tubercles were seen in the choroid, while it did not support the theory of acute tuberculosis, did not confirm it. His delirium must be accounted for by the pyrexia, since nothing cerebral to account for it was found post-mortem. His temperature rose in the evening to 102·8 at 10 p.m.; the patch of herpes below the left nostril, probably indicated that he had had a high evening temperature before. The post-mortem examination shewed that his case must have been hopeless from the first, for the lungs were so thickly studded with tubercles, that pieces from any part of them sank in water. Yet this amount of miliary consolidation gave no indication of its presence during life, by any physical signs, except the sub-crepitant character of the râles, and the not very great degree of pyrexia.

Although the lungs, liver, kidneys, peritoneum, &c., contained numerous miliary tubercles, indicating infection of the patient's blood with the specific baccilli, no primary caseating focus could be fonnd, in spite of the care with which the lymphatic glands, the vertebræ and other possible localities were examined. There was a patch of old pleurisy on the left pleura which might be regarded as a possible source of infection. It probably coincided with the illness which the patient had nearly twelve months before. But no tubercles of any kind, recent or old could be found in the newly formed fibrous tissue. There was a small transverse ulcer in the lower part of the ileum. That it was transverse to the long diameter of the bowel pointed to its chronicity, and it was in the favourite seat of tubercular ulceration. But there were no signs of tubercle spreading from this point, and the corresponding glands shewed no trace of caseation. A tubercular ulcer is hardly likely to be solitary, unless one assumes that by hereditary predisposition, his ailmentary canal and lymphatic glands possessed a strong resisting capacity against tubercle (as it is usual that one class of tissues or group of organs in a given individual is more prone than the rest to suffer from the virus), that by some means his ileum became inoculated with the bacillus which could barely manage to exist there, but accidentally gaining an entrance into the blood-stream, there multiplied and set up acute tuberculosis. One or two small caseating tubercles were found, but they appeared to be very little older than the majority.

The case then appeared to be one of those in which we are driven to the theory of a primary acute tuberculosis, in which the bacilli gain entrance to the blood by lungs or alimentary canal, without leaving any trace of the route by which they entered the circulation. If that is the case they must either enter the blood in large numbers from the patient coming into close contact with a phthisical patient, or find the medium very favourable to their growth. The latter hypothesis renders it strange that such patients should escape infection for so long as they do, unless, as is probably the case, their vulnerability has been recently increased by unfavourable hygienic surroundings. Another possibility is that there has been some primary focus of caseous material which has been entirely absorbed, when the resulting fibrous cicatrix might easily be overlooked.

During the part of the six weeks of the patient's illness, when he was wasting and "out of sorts," the bacilli must have been multiplying in the blood, for the vast majority of the tubercles, were quite recent; unless it was this low state of health which predisposed him to tubercular invasion. The pneumonia set up around the tubercles, diminished his respiratory surface, so much that he died from gradual asphyxia.

"TAMEN."

THE CHEMICAL GENESIS OF PHYSIOLOGICAL PIGMENTS.

BY F. GOWLAND HOPKINS, F.I.C.

(*Concluded.*)

I shall now, with your permission, endeavour to approach the subject from a different point of view. The investigations which we have just been considering have thrown little or no light on the real chemical nature of pigments; the knowledge they have supplied has been all more or less empirical. The aim sought in the present paper is, to give some hint, however vague, of the actual molecular structure of these bodies.

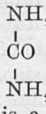
First, a few arguments *a priori*.—Dr. Armstrong, in a recent address to the Society of Chemical Industry on the relation between the colour of bodies and their molecular structure, remarked on the fact that the great majority of carbon compounds are colourless; so that we might expect to find some special condition of atomic grouping when colour is present. He went on to show, after the survey of a large number of facts, that a tendency to colouration is found in bodies in which a condition of chemical strain exists, due probably to peculiarities in the relationship of the constituent elements of the molecular system, such as prevent the complete neutralization of affinities. Such a condition as would indicate unstable equilibrium associated with a high degree of reactivity, with high potential and slight stability. In such bodies the tendency to be coloured would be greater as the complexity of the molecular increased.

I remarked at the outset of this paper that though, the colour of hæmoglobin was not necessary to its function, that, nevertheless, both its high colour and its ability to act as an oxygen-carrier were probably due to its particular type of molecular structure. I take it that this condition of unsatisfied chemical affinities within the molecule would be just such as would permit of loose union with oxygen.

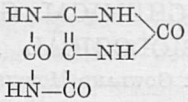
But O. N. Witt (quoted by Dr. Armstrong in the above mentioned paper) has pointed out that there are certain atomic groups, the presence of which in a molecule give a special tendency toward colouration. These are, on the one hand, the radicals NO_2, CO, and N—N, and on the other, NH_2, and OH, and a representative from each of these sets should be present in order to produce the

colour tendency. This generalization is deduced from the consideration of a very large number of instances.

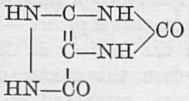
Now urea has a molecule which is one of the simplest examples of union of members of the each of the above sets of radicals :—



But urea as we know is a colourless body, and the reason is that its molecule is not sufficiently complex for the colour tendency to be developed. If we take Uric Acid :—

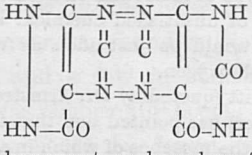


which is built up on the double urea type, we are still dealing with a colourless body; but we know that, among other derivatives its oxidation product, murexide, is a body of very high tinctorial power. There is another coloured derivative of uric acid which, though not well known, is of very great interest owing to the ease with which it may be synthesized. I allude to *mycomelic acid*, the molecule of which is simply that of uric acid minus CO :—



Now mycomelic acid is a yellow body, not of high tinctorial power, but yielding solutions of decided colour and florescent. We may perhaps ascribe this colour to the N—N group of Witt, which is formed when the CO is eliminated from uric acid. This leads me to introduce to your notice a yellow animal pigment, the nature of which I have myself investigated and to some extent determined, and which I believe to be very closely related to uric and mycomelic acids (*vide* a paper read before the Chemical Society in June last). This is a yellow colouring matter found in the wings of a very large number of butterflies, of which the common English Brinstone is a conspicuous example.

I do not propose to go into the properties of this substance here, nor shall I trouble you with the many considerations which have led me to assign to it the formula which follows, but I have little doubt in my own mind that it indicates this nature of the pigment (*vide* for details, *Chem. News*, No. 1549).



If my theory be correct, we have here for the first time an animal pigment on the chemical nature of which some light has been thrown. I venture to christen this body Lepidotic Acid.

It would not, perhaps, be rational to assume that the structure discovered for one pigment molecule should indicate that of another, but I would call your attention to two points : (1) animal pigments in general have been shown to be closely related to each other and to hæmoglobin, and, therefore, a structure discovered for any one may be justly used as a starting point in the investigation of others; and (2) this yellow butterfly pigment, when boiled with HCl. for a short time, yields crystals which are identical, in appearance at any rate, with those of hæmin.

Therefore, I have come to wonder if it be not possible that hæmoglobin, or rather its coloured, non-proteid, oxygen-carrying constituent, is built up on the uric acid type. The form into which I would put my theory is just this : animal pigments are the first steps in one particular line along which the down-grade metabolism of protoplasm may take place. The proteid molecular type (whatever that may be) is lost, and a down-grade molecular type, *i.e.* that of uric acid, is assumed, but the original complexity of the proteid molecule is more or less retained, since, as we have seen, complexity is favourable to colour development. The further steps in this particular line of katabolic change would consist merely in a simplification of the molecule without change of essential type, until uric acid itself or urea is produced.

The chemical evidence connecting my lepidotic acid with blood pigments is so slight that without confirmatory results from the chemical behaviour of hæmoglobin itself, which are not at present forthcoming, it would be too slender to advance even in a merely suggestive paper like the present. But there is certain other evidence to hand, of the cogency of which many here to-night will be better able to judge than I. I allude, in the first place, to the physiology of the spleen.

There is no question, now-a-days, that, whatever the central function of the spleen may be, a very large amount of hæmoglobin metabolism goes on in it. Now mark that the spleen is the one place above all others in the body where uric acid is found in considerable and characteristic quantities. It seems as though the factors at work in the organ which induce the splitting up of hæmoglobin into simple bodies such as bile pigments, carry the process in part still farther and break them down into uric acid. In the other chief laboratory for metabolism of hæmoglobin, namely, the red marrow of bones, I find no published evidence of the presence of uric acid; but it is very noteworthy that hypoxanthin is found in marrow, and hypoxanthin is only a reduction product of uric acid.

But there is an argument from pathology which seems to go further than this. In leucocythæmia we have, of course, as the primary symptom, a vast increase of white corpuscles in the blood; but, at the same time, the number of the red decreases, and not only so, but a decrease occurs, which is greater proportionately than the increase of the white corpuscles. In his article on this disease in Quain's Dictionary of Medicine, Gowers mentions one case in which the red corpuscles were reduced to less than

one-tenth of the normal, and moreover in general, they were much paler in tint. Now in this very disease the amount of uric acid excreted is very greatly increased and hypoxanthin is found in the blood. Virchow was the first to note this increase of uric acid, and his observations were confirmed by H. Ranke. Pettenkofer and Voit were able to compare the excretion of a leukhæmic patient with that of two healthy persons who had taken exactly the same food, and they found that there was an increase of 64 per cent. in the amount of uric acid formed. This was a case in which the spleen was greatly hypertrophied.

It may be argued that in such cases the reduction of the hæmoglobin has caused the appearance of the extra uric acid in place of urea by lessening oxidation. But physiology by no means teaches that urea is really a further step in the oxidation of uric acid, in spite of statements one often sees; witness its absence from the highly active metabolism of birds. Moreover the injection of hæmoglobin into the system *increases* the amount of uric acid excreted. (Paton.)

I do not know how far the pathology of gout may be thought to affect my theory, but the latter does not, of course, presuppose that hæmoglobin is the sole or even the chief source of uric acid in the body.

In closing, I apologise for the fragile nature of my arguments, such as scarcely makes them worthy of the attention of serious science. But in a good soil it is sometimes better to sow seeds than to plant ready-rooted flowers, and the intellects of this society form a prolific soil in which a theory may well germinate.

NOTE.—When putting the above paper together I had not read in the original Dr. Noel Paton's papers on the connection between bile-secretion and urea-production, else I should certainly have brought forward his results in further confirmation of my theory (vide *Journal of Anatomy and Physiology*, vol. xx.). As will probably be well known to many readers of the GAZETTE, Dr. Paton finds that the action of certain cholagogue drugs is always associated with increased production of urea. In certain cases there is increase also of uric acid, while in others the latter is reduced; but in all cases the total amount of N leaving the body in one of the two forms is increased. But the important point is that this increase of urea is a consequence of the hæmolytic action of these drugs; they all cause the break-down of red corpuscles with consequent decomposition of hæmoglobin, the increased urea and uric acid being derived from such decomposed hæmoglobin. The significance of this is obvious.

APPOINTMENTS.

BURGHARD, Frédéric F., M.B., M.S. Lond., F.R.C.S., late Surgical Registrar to Guy's Hospital, has been appointed Assistant-Surgeon to King's College Hospital, vice Mr. Watson Cheyne, F.R.C.S., appointed Surgeon.

KNYVETT, H. F., appointed Assistant House-Surgeon to the General Infirmary, Southampton, vice L. A. Durrant, M.R.C.S., resigned.

A COLLOQUY.

SCENE—*Coffee-room of the Red Lion, about 12 miles from Charing Cross,—Brown is reading newspaper;* SMITH, *who has lately been "ordered to tricycle" by a celebrated London physician, enters the room and orders tea. He is evidently much exhausted.*

BROWN (*loquitur*). Why, Smith, who would have thought of meeting you here? I never knew you were a cyclist.

SMITH (*pathetically*). I am though, and killing work it is, too, for a fat fellow like me. But doctor's orders must be obeyed. Dr. Cureall says its my only chance.

BROWN. Why, you don't mean to say that Dr. Cureall has prescribed cycling for *you?*

SMITH. He has though. Why are you so surprised to hear it?

BROWN. Well, pardon my astonishment, but the fact is that I myself became a cyclist just six months ago at Dr. Cureall's urgent recommendation. I was losing weight at the rate of two pounds a week.

SMITH (*enthusiastically*). Is it not wonderful to see how much more the doctors understand about bodily exercises than we do!

BROWN. It is indeed. And how quick they are to pick up any fresh invention or discovery, such as "battledore and shuttlecock" or the tricycle, and to press it into the service of the Healing Art!

SMITH. Yes, and really it seems that the tricycle is now proved to be the very best remedy for nearly everything. You know my niece Miss Black. Well, she lately grew so pale that her mother became quite anxious about her, and went up to London with her on purpose to consult Sir John Fityourcase about her. *We* all thought she must be in consumption. However, Sir John seemed at once to understand her case, for, without a moment's hesitation, he ordered her to ride twelve miles a day on a tricycle. Sir John is really wonderful in what they call diagnosis. I do not think my niece stayed more than five minutes in his consulting room.

BROWN. I have heard, too, that Dr. Spinalis, the great nerve doctor, now makes all his patients go in for cycling. At one time though I think you went to him, and he ordered you Massage, did he not?

SMITH. Yes, that was two years ago. I have quite given that up.

BROWN. Why I thought you had unbounded faith in the massage system.

SMITH. Yes, so I had. But I unfortunately made a discovery which quite shook my faith in it.

BROWN. And pray what was your discovery?

SMITH. Oh, it was only that I found that my brother (without saying anything to me about the matter) had also gone to see Dr. Spinalis, and had been ordered the very same treatment which I had been having for weeks. You see the odd thing was that I went to consult the physician because I found myself as sleepy as a dormouse both day and night, and my brother had actually been to ask his advice because of his continual insomnia.

BROWN. And thereupon your faith failed you, and you dismissed your "Masseuse."

SMITH. Exactly so.

BROWN. And paid no more visits to Dr. Spinalis.

SMITH. Well, I began to feel that the treatment did not quite suit me.

BROWN. Ah, Smith, you remind me of the words of the inimitable Montaigne, where he says that "in all fantastical, vain, and supernatural arts the patient's belief must by good hope and assurance preoccupate their effect and operation."

SMITH. Pray do not class me with Montaigne for not believing in Massage. I am sure if that wise essayist were living now he would talk quite differently about doctors and their art, and would find as much to say in their praise as he has said against them in that severe essay of his.

BROWN. Very likely he would. But do you not think that there is one little failing (to which this profession indeed has always been prone) of which our age seems to afford abundant examples at the present time.

SMITH. What is the little failing you are thinking of? You surely *do not* mean an undue regard for their fees.

BROWN. Oh, no. I was not thinking of that. But do you not think that the leading men in the medical profession allow themselves to develop certain fads and fashions in matters of health, and in the treatment of diseases, to an extent scarcely creditable to their reputation for sound judgment.

SMITH. I see what you mean. When you come to consider it, it is odd how suddenly and simultaneously the profession seems to become possessed of its convictions. Some article of food is decried, or the virtues of some particular mineral water are discovered, or the merits of some health resort get themselves proclaimed and all with such confidence and unanimity of assertion that you are not for a moment reminded of the old saying that doctors differ.

BROWN. Perhaps some day a historian of the art will arise possessed at once of an enquiring and statistical spirit. He might construct a chart such as the scientific men are all so fond of now-a-days. On this chart he might draw curves to show us at a glance exactly when and for how long "the Faculty" were down upon sugar, alcohol, tea, and so on, and how these articles of diet have again begun to look up. We should be able to see exactly when brown bread and the Engadine began to rise in medical estimation, and how just now the prospects for white bread and the Devonshire coast are slightly improving. The curve representing, "bleeding" would, I suppose, come up very high at the beginning, and be very low down at present. "Electricity" would, I should think, be found to have a rather irregular but, on the whole well maintained elevation. The "Massage" line would be found, after being for a long while at zero, to have suddenly run up nearly to the top of the scale, and to be now somewhat curving downwards. "Hynotism" rising erratically, and so on.

SMITH. A very good notion; but let me change the subject. I mean to have some lean steak and a pint of half-and-half at seven o'clock. Will you join me?

BROWN. Nothing would please me better; but, to speak the truth, I am under strict medical orders never to touch any beef steak which has not been previously thoroughly peptonized, and I, unfortunately, have left my peptonizing apparatus at home. But here comes the tea I had just ordered when you came in. Will you have a cup?

SMITH. Thank you. Without sugar, if you please. Waiter.

WAITER. Yes, sir.

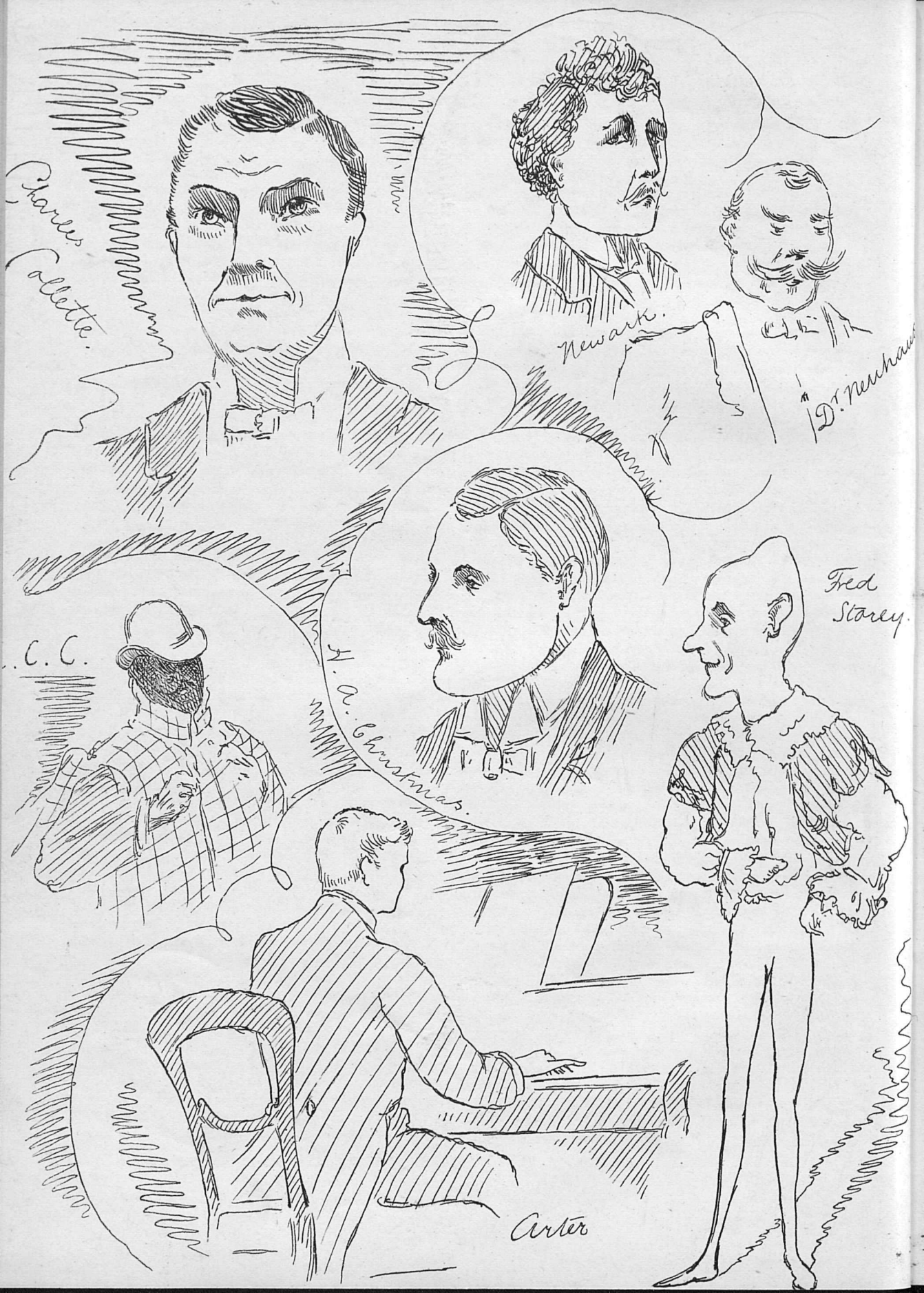
SMITH. Just send the Boots across the road to the chemist's shop, and ask him to send me two pennyworth of saccharin.

R. J. RYLE.

THE INFLUENZA.

The *Progrès Médical* considers that the epidemic in Paris has entered on the phase of complications, and bemoans the fact that people take so little care of themselves. "La faute en est aux journalistes que font autant de tort aujourd'hui à la médecine, aux médecins, et surtout aux malades, que les rebouteurs et les sorciers de jadis. Un grand nombre de personnes croient en effet de bon ton de traiter, par le mépris les accidents si fréquents et au début si peu graves de l'Influenza." With us the go-to-bed-and-stay-there treatment is more in vogue. M. Proust points out that in the epidemics of 1733 and succeeding years (according to Huxham), the disease was not dangerous in itself, though many elderly people and those weakened by previous illness sank under it, and it is the opinion of those who have studied the records of previous epidemics that the prevailing one is neither dengue nor a new disease, but the well-known epidemic catarrh.

A Vienna medical paper gives a description of the discovery of a micrococcus in the nasal and bronchial secretion of those affected. The method adopted was to place a little of the clear viscid sputum between two cover slips, dry them over a spirit-lamp, and then immerse in methyl violet for an hour. Afterwards wash in alcohol, dry, and mount in Canada balsam. Under the microscope a few cellular elements were seen, and among the filaments of dried mucus were great numbers of micrococci, but bearing no relation to the pus cells. They were generally in long chains. Control experiments on sputa of six cases of bronchitis, and on the discharges of cases of coryza following measles, are stated to have failed. However, cocci could not be found in the blood of those affected with influenza, and the results of innoculations with nasal discharge, &c. are not yet known. Notwithstanding the incompleteness of the observations, the investigator concludes that the influenza is set up by the micrococcus described. His Parisian critic quietly remarks, "L'Auteur va vite en besogne." The latest theory on this subject will be found in a recent number of the *New York Herald*, from the pen of a certain Dr. Fripp.


Charles Collette.
Newark.
Dr. Merchant
H. A. Chrisman.
C. C.
Fred Storey.
Carter

Frank Allport
Frank Morton.
Halse-Fra
J.C. Bates.
Charles Coborn
Alfred Allport
E. Jackson-Laing.
Guy's Hospital Football Club Smoking Concert.

Passim.

THE year 1890 has begun badly. In spite of the universally expressed wish for a Happy New Year, very many of our friends, Nurses, Sisters, and Students, have had anything but a happy time thus far, in consequence of the prevailing epidemic of what the Boroughites call "the hinfleweezer." We are glad however to say, that those on the sick list are making satisfactory progress.

WE cannot look back upon the year that is past without feeling pleasure in the obvious progress of our School. Last January the College was only in its infancy; it has passed into blushing puberty, and soon, very soon, it will deck itself with the charms of fully furnished youth. Some of these comfortable apartments are now ready for inspection, possessing a seductive arm-chair, a commodious bookcase and writing-desk, and a very "tony" overmantel. The Dental School and Bacteriological Department are both so thoroughly established that we have almost forgotten that they are the offspring of 1889. In matters academical our record is an exceptionally good one, as all diligent readers of the GAZETTE know well; and since the last issue we have had the pleasant opportunity of adding the name of T. R. Taylor to the list of medallists. Last but not least among the features of last year is the entry of new students, which is practically the largest we have ever had.

IT is with deep regret that we have to announce the death of John Edwin Moyse, F.R.C.S., of Arden, Torquay, which took place on January 3rd. It will be remembered that Mr. Moyse had recently passed his final fellowship examination, and that his name was mentioned in these columns in connection with the very successful results of the November examination for the F.R.C.S.

TRULY Science is making rapid progress. Here is an instance from the wards of one of our large Hospitals, not a dozen miles from Charing Cross. On the bed card is generally written a short diagnosis of the nature of the disease from which the patient is suffering. On one of these bed cards it was reported that the patient was drowned, and that, after being 33 days in the ward, he was discharged cured. We refrain from any further comment on the case.

THE Treasurer has authorized the erection of lockers in Hunt's House for the use of Medical Ward Clerks, similar to those recently fitted up near the Library. This is very satisfactory news, as they are certain to be much sought after.

WE were glad to note that Mr. Herbert James Draper, the painter of the fresco in the Nurses' Dining Hall, obtained the Academy Prize for Historical Painting this year, with the travelling Studentship attached thereto. There is no doubt that Mr. Draper's fame will increase every year, and that Guy's will one day prove to have made a very valuable acquisition in his painting of "Spring."

IT is stated on good authority that Telegrams from all parts of the country are continually arriving at the Medical Office, asking for *locum tenens* owing to the prevalence of the Epidemic.

THE lists of the Christmas Test Examinations have been posted in the Colonnade, and we congratulate the fortunate ones who have risen to the top. Judging from the number which are bracketted, it must have been a close fight between some of the combatants. Those who occupy a less exalted position have at least had an opportunity of trying their strength, and practice is said to make perfect, even in Examinations.

WE are indebted to the "facile pen" of an anonymous contributor for the accompanying sketches taken at the Smoking Concert, and, on behalf of our readers, we desire to thank him for these very life-like reproductions.

The index of last year's volume of the GAZETTE is issued with the present number, and we tender our grateful thanks to Mr. Sharpe, who has so kindly undertaken this laborious duty. The attention of subscribers is called to the notice respecting the binding of the completed volume. All the numbers for 1889, together with the index, should be left with the Librarian. The charge for binding is 1s. 6d.

CHRISTMAS FESTIVITIES.

The round of amusements and gaiety at Guy's, which comes in the wake of the Christmas season, has not been inferior in merit or less sustained than on previous occasions. Not having appeared on these shores, the influenza fiend cast no gloomy shadows o'er the festive scenes, for which we must be supremely thankful. There was a touch of melancholy in the interest with which the "Rooms" circled round our founder's statue—a circle, too, much wider than we had chanced to see before—on that last night of the year,—

> To the friendly strains of Auld Lang Syne,
> As the deep slow tones of noble "Ben"
> Told forth the close of '89.

Was it not the thought, that ere another year the "Rooms" will pass hence and be no more seen? But the time has not come to write their "In Memoriam"; we live in the present.

On Christmas Day the annual "Nigger" performance took place, and was greatly appreciated. It is now as much one of the functions of the Senior Charity at Christmas to arrange for the "Nigger Patrol" as for the Christmas dinner itself. The origin of this, as of many other worthy customs, is lost in obscurity, but antiquarians of undoubted repute assert that it bears a very close relationship to the practice of the "Mummers" of yore, though considerably modified in conformity with the environment. Be that as it may, the "Niggers" contrived to amuse the inmates of the wards, and to earn our congratulations.

The Concerts in the wards were of a very high order this year, and reflected the greatest credit on all those who so kindly assisted or arranged for the performances. Quite a large contingent of gentlemen from the various London theatres was pressed into the service, and it is needless to add, materially enhanced the success of the entertainments. We thank them for their help, and hope that the novelty of the experience was not without interest to them.

Mr. Charles Collette gave most amusing accounts of his travels, which seemed to have extended almost over the known world. He also descanted on the "Science of Making Money" and the Study of "Natural" History, the latter illustrated by diagrams. Mr. Newark seemed equally at home as actor, reciter, vocalist, or conjuror, and his imitation of several well-known actors was very good. We understand that Mr. Irving was not among the victims.

It is impossible to mention even the names of the ladies and many other friends who appeared upon the various programmes, and we must, therefore, be contented with offering them, on behalf of the patients and all those who had the pleasure of hearing them, a most hearty vote of thanks. But to our Sisters the greatest tribute of praise is due, as on them falls the burden of providing for the entertainments which entail much labour and expense.

ENTERTAINMENT IN THE COURT ROOM.—What is believed to have been the best entertainment ever given at the Hospital took place on Monday, the 6th inst., under the auspices of the Vicar, ladies, gentlemen and children associated with the Parish of St. Andrew's, Stoke Newington. The programme consisted of Tableaux, with Recitations and Songs. Amongst the latter the Vicar of St. Andrew's, the Rev. H. E. J. Bevan, brought down the house with two fine comic songs, which appeared to greatly amuse the company. The delivery of the "Pet Lion," by Mr. W. G. Churcher, was equally applauded. The Tableaux, however, carried everything before them, which, for good taste, exquisite posing, and general charming effect, greatly impressed all present. Few in the company perhaps were prepared for the splendidly mounted scenes of the Mistletoe Bough, acted so prettily by a company of charming boys and girls. The Penelope of Mrs. Harry Cayme attracted great attention, while Mrs. Henry Williams looked the part to the life in the trying scenes of Lady Jane Grey. The evening was brought to a close by some complimentary remarks from the Treasurer, and we have the pleasure to record that the entertainment, which was in aid of the Samaritan Fund, realized the handsome sum of £43, the expenses being entirely defrayed by the North London visitors. Amongst those present were noticed Mr. and Mrs. Lushington and party, Dr. Steele and family, the Chaplain and family, the Matron and party, Mrs. Fredk. Taylor, Mrs. Galabin and party, Mrs. Davies-Colley and party, Rev. H. E. J. Bevan and the Hon. Mrs. Bevan, Mr. and Mrs. Henry Williams, and several of the Sisters and Nurses, besides a large contingent of Stoke Newington friends. Loud calls were raised at the conclusion for the stage managers, Mr. Harry Cayme and Mr. Birch, who, it must be allowed, carried out their arrangements to perfection.

An aroma of dissipation has hung about the sober precincts of the Court Room during the past week. The fine old room thinks it cannot have too much of a good thing seemingly, and not content with the great success of Monday evening, launched out into a Drawing Room Entertainment on Tuesday, when Messrs. Craig and Campbell, of the Crystal Palace and elsewhere, highly amused a large number of the Sisters and Nurses. Business, however, before pleasure, and some important business was on hand on Tuesday evening—nothing less than the distribution at the hands of Mrs. Lushington of the first series of medals given by Mr. Butterworth (one of the governors), to nurses selected to receive the same after extended service in the Hospital. The Treasurer, in his opening remarks, gave us a picture of nursing as it was and as it is at Guy's, after which the nineteen lucky ones each came forward to take their medal amid the applause of the company; which included besides nurses Mr. and Mrs. Lushington, Dr. Steele and party, the Chaplain and family, Dr. and Mrs. F. Taylor, Mrs. Symonds, Mr. and Mrs. Williams, *The Times* reporter, and others. Dr. Steele moved a vote of thanks to Mrs. Lushington for her kindness on the occasion, which was cordially responded to.

The names of the selected nurses are :—

Elizabeth Newman	M. Botwright
Margaret Keogh	Beatrice Harding
E. Butler	Ellen Mayne
H. C. Gore	Annie Moorcroft
Victoria Jones	Helen Peckham
J. W. De Wet	M. Rawlison
Phyllis Phillips	Fanny Simms
Caroline Stevens	Maud Wilks
Grace S. Benson	Louisa Wiskin
Florence Bower	

The entertainment, but for the prevailing epidemic, would have included a selection of songs by some well-known choir boys, but a good half of them had been laid by the heels, and gruel instead of Guy's was their evening portion. The evening concluded with Mr. Craig's "Animated Automata," which from a ventriloquial point of view was the finest thing ever given at a Guy's entertainment. The inner man and woman were not forgotten either, "grub" of a sumptuous character being liberally dispensed in the Treasurer's dining room.

NOTES FROM THE DISPENSARY.

THE ESTIMATION OF ALBUMEN IN URINE. — (*Journal of Pharmacologie*, Oct. 1889, p. 445. Zeitschrift, f. phys. chemie xii, p. 484).

This method is based upon the fact, that when the albumen present in a liquid, and especially in urine, is removed, the density of the liquid diminishes. The diminution of the density is multiplied by a supposed constant factor. The value of this factor is the quotient of the proportion of the albumen and the difference of density of the albuminous liquid and the same liquid deprived of albumen. The number 400 has been adopted as the factor after a series of experiments by a number of different investigations. The method of procedure is as follows: Into a small flask a convenient quantity of urine is introduced, acidulated with acetic acid and filtered. It is then weighed and afterwards heated in a bath of boiling water for about a quarter of an hour. It is allowed to cool, then again weighed, and the equilibrium is established by the addition of distilled water. It is then filtered, taking all precautions to avoid evaporation, and finally the density is taken of the filtered liquid by means of a hydrometer marked to the fourth place of decimals. The density of the urine which has not been heated is now taken, and the density of the exalbuminous urine is taken from that of the albuminous, and the difference multiplied by 400; the product represents in grammes the proportion of albumen contained in 100 cc of urine.

For example. A urine has a primitive density of 1·01579 it becomes after coagulation of the albumen 1·01501. This urine contains $1{\cdot}01579 - 1{\cdot}01501 \times 400 = {\cdot}312$ grammes of albumen in 100 cc.

ISO-BUTYL NITRITE. — This chemical substance is the latest addition to the stock of new drugs in the Dispensary.

It is the most active constituent present in the Amyl Nitrite of the British Pharmacopœia, a preparation which is subject to considerable variation, being dependent not only on the use of nitric or nitrous acid, but also on the composition of the crude amylic alcohol, as well as on the extent to which the operation of fractionally distilling the alcohol has been carried. It has been shown that Amyl Nitris, B.P., contains iso-butyl; *a.* amyl nitrite; *b.* amyl nitrite, with

unchanged amylic alcohol, besides oxidation products such as valeric aldehyde, valeric acid, amyl valerate, &c. The varying effects of the drug are well known; angina is relieved immediately and almost invariably with active specimens, but occasionally it fails. These failures are sometimes if not always due to the fact that the amyl nitrite contains only a small proportion of the active constituent, or none at all.

Iso-Butyl Nitrite is a pale yellow liquid having a somewhat fragrant odour, and causing, when inhaled, flushing of the face and other disturbances. It is apt to become acid when it is kept, more especially if moisture be present, and as soon as acid has been formed decomposition rapidly ensues. It may be greatly preserved by keeping a fragment of sodium bicarbonate in the liquid which will neutralize any acid that may be produced. According to Professor Cash, when administered to animals, iso-butyl nitris brings about a rapid fall of blood pressure and acceleration of the pulse, with powerful respiratory paralysis. By inhalation the dose is 3 to 5 minims.

UNPUBLISHED GUY'S FORMULÆ.—There are a number of preparations which have come into use since our last pharmacopœia was printed, their publication, I venture to think, will serve a useful purpose. The Skin Department has now developed to large proportions, there are in fact very nearly three times the number of patients attending than there were formerly. I shall be able to give under the formula of each ointment an authorative statement of its application.

Mistura Potassii Bromidi.

℞ Potass. Bromid.
Spt. Ammon. Arom. aa ʒfs,
Aq. ad ʒj.

Mistura Ferri Citrates.

℞ Liq. Ferri Perchlorid ♏ xx.
Potass. Citrat. gr. xx.
Aq. Chloroform ad ʒj.

H. COLLIER.

Hospital News.

INTERESTING CASES.

PHILIP	1	Hepatic gumma. Choroiditis.
	7	Disease of left lung; loud systolic murmur Paraplegia.
	9	Phthisis; tubercular laryngitis.
	11	Lead palsy.
	12	Intrathoracic tumour.
	13	Insular sclerosis.
	15	Abdominal tumour.
	16	Dilated stomach; carcinoma of pylorus.
	18	Thoracic aneurysm.
	21	Cerebral tumour.
	25	Spinal pachymeningitis.
	31	Ocular paralysis.
	36	Syphilitic myelitis; descending sclerosis.
STEPHEN.	10	Thoracic aneurysm.
	19	Tubercular peritonitis.
	21	Thomsen's disease.
	27	"The English Foreigner."
	30	Cerebellar tumour pressing on pons.
	31	Anæmia; ? cause.
	33	Myelitis with descending sclerosis.
	35	Phthisis; tubercular ulceration of tongue and larynx.
	38	Phthisis with syphilis.
	40	Lead paralysis; morbus cordis.
MARY.	11	Intrathoracic tumour.
	17	Hysterical paraplegia; hemi-anæsthesia.
	20	? Multiple neuritis.
	23	Right hemiplegia; motor aphasia; word-blindness.
	24	Glycosuria; ulceration of toes.
	25	Spinal caries with paraplegia; hip disease.
	27	Paraplegia; albuminuria; optic atrophy.
	41	Mitral stenosis; tricuspid regurgitation.
	42	Wasting of muscles of right hand, with numbness and pain. Cause?
CORNELIUS	15	Fractured vertex; trephining
LYDIA	17	Adenoma of cutaneous glands.
MARTHA	19	Traumatic meningocele.
JOB	3	Faecal fistula in loin.
LAZARUS	1	Vesical calculus.
	21	Strangulated omentum.

MISS BARKER.

The resignation, after a faithful service of 30 years, has just taken place of Miss Barker, who has latterly held the position of Houskeeper to the Hospital in the Kitchen. Miss Barker had been successively Sister of "Samaritan," "Philip" and "Clinical" Wards where she showed great ability and was held in the highest esteem by the Authorities and the Staff. There was a deal of fine character under her quiet and unassuming exterior, and she has carried into her retirement the genuine respect of all who knew her.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—Allow me, through the medium of your columns, to call the attention of the Powers that be to a long felt want.

I have often been considerably amused by the frantic endeavours of persons, visiting the Hospital on business, trying to find the entrance to the Secretary's Office. A seemingly easy task, especially after having received the lucid directions of the Porter who generally says "Take the first turning on the right and the first door on your right hand is the entrance."

But I have seen visitors peering into the Library, and even going down the steps leading to the Chemical Laboratory in search of the desired entrance.

I think they naturally expect an imposing entrance to the office of the Secretary of Guy's Hospital. Therefore I would respectfully suggest that a sign with the words "Entrance to Secretary's Office" be placed over the door, so doing away with any possibility of mistake.—I am, Dear Sir, yours truly,

SINE NOMINE.

DEAR SIR,—A case came under my notice to-day which I think is worth recording.

C. T.—, a boy aged 13, came up to the surgery, saying he had put his arm out. He gave a history of having fallen off a railway bridge on to the line, a distance of from 15 to 20 feet. He fell on to the palms of his hands injuring his left wrist and grazing his cheek.

On the back of the left wrist was found a swelling just above normal position of joint with a depression above it. There was free movement but no crepitus, and the swelling was easily reduced, and when reduced remained in position.

There is no doubt, in my opinion, that the case was one of backward dislocation of the wrist.

Erichsen says that these dislocations are very rare, and that fractures, especially impacted, have often been mistaken for them.

The ease with which the swelling was reduced, and the absence of crepitus before and after reduction, I think, is sufficient evidence to exclude fracture.

Anyway I intend treating the case as one of dislocation, and shall start moving the joint in about ten days time.

The Infirmary, Burton-on-Trent, W. G.
Dec. 16th, 1889.

DEAR SIR,—The case described by Mr. Moore in your last issue is interesting from many points of view. Whether the tumour which impeded labour is a uterine myoma is perhaps not certain; but if it is, the mere fact that it could be pushed upwards into the abdomen while the head came down, proves that it is not in the walls of the uterus, but that it is of the subperitoneal kind, probably pedunculated.

That being the case, it might be advisable to consider the question of abdominal section for the purpose of the removal of the tumour, and this might be done perhaps even now, when the patient is six months pregnant, without interfering with gestation. If pregnancy is allowed to go to full time, and the tumour cannot be pushed away, Cæsarean section by Sänger's method would probably give a better result than Porro's operation, because the tumour, unless removed at the same time, would interfere with the pedicle. It is difficult in a letter to take all the circumstances of a particular case into consideration, but the induction of a miscarriage or of premature labour would be quite justifiable and might be the best form of treatment.—Yours faithfully,

PETER HORROCKS.

SIR,—Through the habit of backing my opinion with a modest shilling I have in my time had a number of miscellaneous facts impressed on my memory; needless to say, the more firmly when the sum in question determined itself as a minus quantity as regarded myself. But for this I should not trouble you by drawing your attention to a mistake in French which occurs in the article on Dr. Jenner. Napoleon is there made to say "Ah, Jenner! Nous pouvous rien *nier* à cet homme.

Now at the trifling expense of a shilling I learnt some years ago that "nier" is only used to deny the truth, "renier" to disown your father or religion, &c., and that "refuser" is the word which is used in denying a favour. I know, sir, that I am rash in venturing on this criticism as I have before me the fate of the young man who drew Mr. Payn's attention to the fact that his heroine's hair was described as streaming to windward, and got an answer back from Mr. Payn saying he was glad to have the opportunity of explaining that the incident was perfectly true, but that he had not given it more prominence as it sounded improbable. The fact was the young lady was so overflowing with vital energy or animal magnetism that her hair as soon as liberated invariably streamed towards the North. In confirmation of this statement, and to show that it was made designedly, he drew his young critic's attention to the page where he would find the wind in question described as being from the North.

Foreseeing that similarly I shall probably be reminded that Napoleon was not a Frenchman but a Corsican, I have the honour to subscribe myself, with many apologies, a lineal descendant of

LA VEUVE LAVOISÛR.

GUY'S HOSPITAL SMOKING CONCERT FOOTBALL CLUB

(WEDNESDAY, DEC. 18TH, 1889).

Like a certain popular manager's pantomimes, it can be truthfully stated that the annual entertainment, whose name heads this column, has each year "surpassed all previous efforts." From the Dining-room at the "Falstaff," which, three years ago, was large enough to hold the audience that then assembled, to such an extent has the "Guy's Smoker" grown in popularity that this

year a big advance had to be made in engaging sufficient space for the expected audience, and the Freemasons' Hall, one of the few public halls in London capable of containing the 800 medical students and others who crowded in, was requisitioned.

The thanks of all who were present are due to the indefatigable energies of those excellent men, Mr. L. E. James (hon. sec. and business manager), and Mr. E. Jackson Lang (musical director and impresario), who had the burden of arranging the entertainment on their own shoulders, and to whom great praise is due for the manner in which it was carried out.

The big room presented a most enlivening appearance at 8.30 p.m., when the chair was taken by N. Davies-Colley, Esq., M.A., M.C., F.R.C.S., who presided during the first part of the evening, vacating his place later on in favour of Mr. Higgens, the well-known oculist of Guy's Hospital.

Mr. Arter opened the ball or rather set it rolling by an excellently rendered pianoforte solo. The programme which followed was, unlike many we have had occasion to listen to, judiciously varied, serious and sentimental ballads being sandwiched with the comic element in very fair proportion. Commencing with the former, Dr. Neuhans gave a pleasing rendering of "The Two Grenadiers." Mr. Arrington Christmas, a favourite of last year, repeated his former successes with "The Trooper's Vision," "The Storm Fiend," and several others, being enthusiastically received. Mr. Sam Soloman exercised his voice to some purpose, and to the admiration of his hearers, and Mr. A. C. Stewart also greatly assisted in the entertainment with several well selected songs. Mr. George Marlowe's rendering of "The Sky Lark," one of Shelley's most telling poems, was a feature of the evening, and was thoroughly appreciated by a sympathetic audience. Mr. A. E. Price's "Whistling Coon," to use a vulgar expression, fairly "knocked" the house, we should think that a post as fog-signal-man would prove a remunerative occupation to anyone possessed of such powers of vocal vibration. Mr. C. C. Clark, disguised as a "gentleman of colour," was well to the fore in his imitation of Sam Redfern; we did not have enough of you, C. C. Mr. Harry Baffe, from the Trocadero, &c., was accorded a great reception. Mr. Geo. Lowson's make-up and acting were much appreciated "In the days of auld lang syne," and also on this occasion. It is by no means the first time we have heard Mr. Halse Francis describe his experiences of the "Charge of the Six Hundred," as rendered by various celebrities, and we hope it will be by no means the last, such a truly humorous recitation always bears repetition. Mr. Curling Bates was not heard to such advantage in the big hall as he has often been in a smaller one. Mr. Frank Allport brought down the house with his description of an entertainment held at a hospital for "Diseases of the mouth," entitled "Curious patients," and reproducing to the life the difficulties encountered by some of the inmates who contributed to the programme. His brother, Mr. A. Allport, the popular captain of Guy's Football Club, was loudly cheered on his entry with Mr. F. Morton in their duet, "A little Peach in an Orchard grew," and being encored, followed with "Grown-up Children's Games," ending in a dance which was loudly applauded. Mr. Frank Allport appeared also later in the evening with Mr. F. Morton in a duet, entitled "You never heard anything like it," in which several verses on topics connected with the hospitals were well received by the audience. Mr. A. Thompson, the erstwhile well-known bicyclist, was in very good form with his banjo. Mr. Algernon Newark, from the Haymarket Theatre, in his original and very clever travesties of several of our leading actors (not forgetting his present employer, Mr. B. Tree), met with deserved success. Mr. Ivan Watson and Mr, Herberte Basing might have gone on all night had their powers lasted out.

To come to the latter part of the programme, Mr. Henri Clark was immense in two of his best songs, and Mr. Charles Coborn was—well, everyone knows Mr. Charles Coborn, it is superfluous to add anything further about such well-known performers. Mr Charles Collette, the ubiquitous and ever willing, commanded more attention with his lecture on those interesting creatures, the "Cryptoconchoinsy fonostomata," than, we are afraid, is obtained by the more regular courses held at the hospital. Mr. Fred Storey converted himself into an animated corkscrew for the time being, and elicited shouts of laughter by his few words; we hear that he also considerably astonished a police constable afterwards by his feats of agility and powers of lifting his legs over people's heads.

As we left the building at three o'clock on Thursday morning, we came to the conclusion that a more enjoyable evening could not have been registered in the annals of London Smoking Concerts. We look forward anxiously to next year, when the manager of Freemasons' Hall hopes to cater once more, and if it is done as well as on the occasion, alas, just over, "may we be there to see."

Marriage.

DODD—BARNES.—On Dec. 21st, at St. Saviour's, Preston, Brighton, by the Rev. R. Court Gazeley, many years Rector of Wayford, father of the bride, Walter Harry Dodd, L.R.C.P. Lond., fourth son of Grantham Robert Dodd, Solicitor, Highbury, to Emily Augusta, widow of the late Rev. Thomas Barnes, M.A., Rector of Loxton, Somerset, and grand-daughter of the late John Alexander, Esq., of Newbury, Berks, and Uphaven, Wilts. No cards.

Death.

BABBINGTON.—On Dec. 22nd, James Pelly Babbington, M.R.C.S. (youngest son of William Babbington, M.D., formerly Physician to Guy's Hospital), aged 32.

Advertisements.

TO LET—Furnished Apartments. Good bed and sitting rooms. Terms moderate. Five minutes from rail. No other lodgers.—A., 47, Penge Road, South Norwood.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides,

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

JANUARY 25, 1890.

CERVICAL CARIES—MYELITIS.

From Notes by Mr. T. HOLMES.

J. H., aged 19, was admitted under the care of Mr. Symonds. His family history was good. Five months ago he fell out of a window, but did not hurt himself much, as he could walk perfectly well after the accident. Some weeks later his neck began to swell, and felt hot and painful; and one morning he found himself unable to rise from his bed. This was two months and a half ago.

On Admission.—The patient is very thin and looks ill; he lies in bed on his chest with his legs drawn up. Both arms are paralysed, though he has not lost sensation in them. He is unable to move his legs. Any attempt to twist the head gives him great pain. There is rigidity of the neck muscles. On the left hip is a bed sore, and there is also a sore on his left ear. There is much tenderness over the cervical spine, about the middle of its extent. Knee-jerks seem to be increased, and ankle-clonus is present, but the plantar reflex cannot be obtained. A fortnight since an abscess burst into his mouth, and he swallowed a large quantity of matter; blood also came out of his nose. There is no loss of control over the rectum, but the bowels are only relieved by the use of enemata. As regards the bladder there is retention with overflow. Respirations 36, feeble and shallow. The abdomen scarcely moves at all in respiration, the intercostal muscles do not act, but the sterno-mastoids stand out prominently in each inspiration.

The patient opens his mouth when he breathes, and seems to experience great difficulty in doing so. He says that his breathing is much worse. The alæ nasi work during inspiration.

Being unable to move or to lie on his back because of the pain, he was placed under an anæsthetic and cautiously turned into the dorsal position, and the head fixed between sand bags.

To-day there is partial sensation in the legs and arms, but apparently none in the chest and abdomen. The plantar, cremasteric, abdominal and epigastric reflexes are all absent. The intercostal spaces are sucked in, but the diaphragm continues to act.

The patient gradually sank on the sixth day after admission.

Autopsy. — There was an opening in the posterior wall of the pharynx at its upper part, slightly to the left of the middle line, through which the finger could detect rough bone at the bottom of a cavity. On examining the spinal column from behind, it was found that there was extensive disease about the atlas and axis. The superior articular surfaces of the atlas were both diseased, the left the worse. The left occipital condyle was almost destroyed. The left upper articular surface of the axis, and the base of the odontoid process, together with the anterior arch of the atlas were much diseased. The transverse ligament had quite disappeared. The mediastinal glands were enlarged and caseous. The lungs showed grey and caseous tubercle in the left upper lobe, and there were patches of lobular pneumonia on the right side. There were symmetrical ulcers in each bronchus, leading into caseating glands in the neighbourhood. The spinal cord showed much softening, best marked opposite the 5th segment, and about four inches in extent.

MENTAL DISEASES.

By DR. GOODALL.

The paper I am about to read consists, in the main, of brief descriptions of Insanity found in Asylums, with allusion to such features of these varieties as appear to me to be of particular interest. In conclusion, I attempt to give an outline of some methods of treatment.

At the outset I will draw your attention to the border-land which all must traverse who are progressing to insanity, though doubtless the time occupied in the passage varies much in different instances. Although a consideration of the border-land brings to our view in the main the prodromal symptoms of madness, yet we are none the less aware that others may exhibit signs similar in nature whose fate it is not to become insane. You will apprehend that I refer now to eccentric folk—those freaks of nature so interesting to the Psychological student, so useless for the purposes of practical life. Were a person about to become insane to be seen by any of us we might, with some justice, class him as a mere eccentric; the latter, however, is a dweller, the former a mere sojourner in the border-land. It may be that the eccentric has an insane inheritance, yet how many of these people throughout their lives stop short of actual madness—for ever wading in the shallows, and yet no current draws them out into the depths beyond. The recovery from acute attacks of those with insane heritage is also an interesting point, which I shall again have to refer to. Most persons, I take it regard with interest the adjacent limits of two great Empires, and this interest connected with border-lands in general attaches also to that of insanity. But whereas we have, between neighbouring countries a dividing line, between the states of sanity and insanity, we see, as Dr. Maudsley well says, no boundary stones. But however curiously we may gaze at such dividing lines we cannot fail at the same time to reflect upon their essentially artificial character, to recognise the hand of man, who, in his masterful fashion, would fain set a limit where Nature intended none. Similarly the narrow-minded would give much to draw a deep and definite ditch between the sound and alienated, but it may not be. A boundary line may be assiduously drawn between France and Germany for instance, rigidly apportioning this district to France when we call it Alsace-Lorraine, or to Germany when it becomes Elsap-Lothringen. None the less will the inhabitants remain, as Nature intended, of mixed German and French proclivities, having characteristics of both nations, yet differing from each. So it is in our figurative border-land, where we must be prepared to see transitional stages and not rude distinctions. The interest of which I spoke as appertaining to it, is not only theoretical but practical in kind. The delicate mental fabric, when its ruin is complete, presents a pitiable sight truly, but scarcely an interesting one, a sight rather for a philanthropist than a medical man, as such. But preceding this ruin was chaos, and before that again was disorder, and the passage to this state from one of order is what interests us all as medical men and students of mind. Apart from this theoretical is the practical interest of the border-land, which we can scarcely exaggerate, since, adjoining this ill-defined region, are the earliest indications of insanity. The earliest signs are of course met with by those engaged in general practice far oftener than by asylum medical officers, and hence the importance for all of acquiring as close an acquaintance as possible with those signs. You will naturally expect me to refer to them. I cannot do more than generalise, and, indeed, an orderly account is scarcely to be expected. All who desire a satisfactory knowledge must get it practically: it can be obtained in institutions like Bethlem, where cases in quite early stages may be seen, including persons who, from experience, appre-

ciate an alteration in themselves, and apply for admission as voluntary boarders. These frequently require certifying subsequently. Doubtless, in the Hospital for Acute Cases of Mental Disorder, which it is proposed to build in London shortly, opportunities will offer for the study of early indications. Alteration of conduct, loss of control, moral perversions—under some such terms as these one must class the manifold signs of approaching Insanity. I remarked at the outset upon the varying time occupied in the passage through the border-land; I should add here that the prodromal symptoms may be evident or but slightly marked.

The same variations obtain in general disease. Take, on the one hand, the short, slight, premonitory stage of Varicella or Rötheln, and, on the other, the obscure, insidious, and comparatively prolonged malaise that ushers in Enterica. Similarly, we have in the "Mania Transitoria," which sometimes supervenes on the second or third day after pregnancy, and in the stupor dependent on severe shock, instances of affections with very slight prodromata; whereas, in the case of general paralysis, the signs of ill omen may be observed for a length of time before the appearance of the actual malady. It is, of course, in the cases with appreciable prodromal stage that our opportunity occurs, and our real object in this, as in all disorders, is prevention in preference to cure. As regards the early signs, those skilled in such matters may doubtless detect them; doubtless, also, they may count as morbid and ominous of evil what is merely natural in a particular case. In all cases it is necessary to make careful inquiry of wife, husband, or nearest relatives. Wives are close observers, and the details they furnish are often painfully accurate. You will hear of restlessness, broken sleep, neglect of propriety and appearance, forgetfulness, irritability, indifference or dislike replacing affection, kleptomania, intemperance in various respects, and lust. In connection with this allusion to moral perversion, it is well to remark that such affective disorder is not in all cases a mere herald of an ideational disorder, but may in itself constitute the disease.

I must now call attention to the case of the general paralytic, no part of whose nervous system is free from the liability to disease, to remind you that the earliest symptoms may appear from the physical side. Of course, such a case is out of point in reference to early psychical disturbances, but it is advisable to know that ataxic movements with loss of knee-jerk, or paraplegia with excess of jerk may be merely the first indications of a disorder which has further developments; that inequality of pupils, alteration in speech and handwriting, though at first quite independent of mental defect may later become merged in actual insanity. Again allusion must be made to the influence of physical defects and malformations in bringing about hypochondriasis of various kinds, and depression. Appreciation of the early symptoms of mental disorder would, in such cases, stimulate us to the early removal of the cause, when that is feasible.

Lastly, I must mention the "fear of going mad," which some express who are about to become insane. That such forebodings should be frequent is not to be expected. Probably if one here present were passing into insanity he would account himself sane, and the rest of us who entreated, remonstrated with, or endeavoured to restrain him, insane. Nevertheless, cases occur, especially where the attack is recurrent, and experience is at hand to guide, in which the patient distinctly appreciates that alteration which, in his particular case, is the harbinger of complete loss of control. I call to mind the case of a lady in Bethlem Hospital who was in the habit of putting away her little treasures as soon as she felt warnings of the approaching storm. Also a second case in

which the patient was herself aware of the exhilaration which was evident to all around. She asked one to excuse her levity, because, as she said, "I'm going to be bad again." Patients will sometimes refer to a loss of courage, a lack of customary decision, will note with painful emotion their inability to do what before they accomplished with ease. You may remember Dr. Savage's case, in which the patient remarked that, like Swift, he was "going at the top." The premonitory signs, then, are important, and should be studied in order that they may be appreciated *as early as possible.*

(To be continued.)

Physical Society.

The Seventh Meeting of the Physical Society took place on January 11, 1890. Thirty-one members were present, and Dr. Goodall as visitor. Mr. A. E. Norburn occupied the chair.

Mr. A. T. Rake read a paper on "Leprosy." Mr. Wakefield, in the absence of Dr. E. Goodall, opened the discussion and congratulated Mr. Rake on his paper. He remarked on the frequency of leprosy in India, but thought that heredity was not a very important factor, since lepers appeared not to be very prolific.

Mr. Webber referred to a recent paper by Dr. Wynn, especially dealing with the location of the specific bacilli. A case which occurred in Philip Ward during 1888 was referred to by Mr. Swayne; and Mr. Salter asked the reader of the paper what he really thought *was* the cause of leprosy.

Mr. Wilmot made allusion to certain villages in Brazil, in which leprosy seemed to be in direct proportion to the number of pigs (human or otherwise) that were present.

Mr. Henderson thought it right to isolate lepers, and remarked that in Norway salicylate of soda had been used with good result.

Mr. Ritchie asked if leprosy was more prevalent in India than in China.

Mr. Sharp remarked that the theory that pig-meat produced the disease was negatived by the Mosaic law forbidding the use of pork.

Mr. J. H. Bryant asked whether local antiseptic treatment had proved beneficial as regards leprosy.

The discussion was continued by Messrs. Hamilton and Floyd, and concluded with a reply from Mr. A. T. Rake. After a vote of thanks to the author of the paper, the meeting adjourned.

A PLATONIC DIALOGUE.

I was dissecting the other afternoon when some one tapped me on the shoulder, and turning round I recognized my friend Socrates.

"Good day sir," said I, "the last time we met I little thought I was conversing with the Wisest of men."

"Indeed," he replied. "then you are not aware that even oracles can be sarcastic when they choose?"

"I never thought so before, Socrates, though Hesiod would have us think that even the gods themselves are swayed by human considerations when he says, "Gods are persuaded by gifts, by gifts dread kings are persuaded."

"Well then, consider this, Oxyntas; there never yet was an answer given by the Delphian priestess, enthroned upon the holy tripod, which did not involve two opposites: thus, the wisest men are always most conscious of their own ignorance, whilst he who deems himself wise is pretty certain to be most foolish."

"Well, Socrates, I confess I do not altogether agree with you there, but I should like to know how you think a medical student may become the best possible doctor."

"I shall be happy to assist you, my dear Oxyntas, if you, on your part, will be kind enough to answer my queries to the best of your ability; for, in this as in many other subjects, it is only by a conscientious cross-examination on the dialectical method that we can hope to attain most nearly to the absolute essence of Truth itself."

"Certainly my dear Socrates."

"Well then I think we must first apply a kind of analysis to the medical profession, and divide it into classes, that by comparing types of each of these classes together, we may reduce our notion of the best possible doctor to a practical shape. Now on what principle are we to classify them? Shall we imitate Charles Lamb and divide them into two big classes, as the men who borrow and the men who lend, or how shall we do it?"

"I do not think that would be a very scientific division for it seems to me rather like the analysis the Ancients applied when they classified the Elements as Earth, Air, Fire and Water, and yet according to our ideas, were about as near the Light as the wicked in Hades. We ought to devise a better classification than that, if it is to be really serviceable to us."

"Very well, what do you say to this? There is a very excellent comparison which your philosopher Spencerios makes, of a living body and a state. For just as a state consists of a number of individuals, each having an existence partly dependent on, partly independent of his neighbours, under the authority of various ruling powers, but especially subject to one supreme power, that is the king or popular representatives endowed with kingly power; so a living body is an aggregation of many individual cells, each living out its puny little existence; and just as men are grouped according to their functions as shoemakers, bakers, doctors and so on, the groups of cells constitute organs, just as bakers and shoemakers constitute themselves into trades unions. Now the best possible body will be that in which each organ, and each

cell of each organ is the best possible, just as when the other day at Polemarchus' house we were considering the best possible state, we found that it must contain the best posible soldiers, the b. p. bakers, the b. p. doctors, and the b. p. shoemakers; and that it is not sufficient to possess the b. p. soldiers yet only second-rate shoemakers; for in time of war owing to their boots being badly made the soldiers will be so galled with cones and blisters that they will cease to fight in the b p. manner; or again that the b. p. bakers are no less essential than the b. p. doctors for if our doctors are compelled to eat sorry bread, either they will become languid and no longer perform their work properly, or indigestion will make them cross and snappish, so that they will handle the sick in an impatient and offhand way, not making such an accurate diagnosis nor adopting such a beneficial treatment as they would have done had they been in the best possible health. And again it is clear that the army will be the b. p. army only so long as each individual soldier maintains himself in the highest state of efficiency, and similarly for the doctors and the bakers. If then we can apply a test which shall enable us to decide whether an organ or a cell is the b. p., does it not seem extremely probable that a similar test applied to any individual in a state or profession ought to enable us to judge whether he is the b. p. of his class or not?"

"It does"

"Well then, a cell is the b.p. of its kind, when it performs its proper functions in the b.p. way; for a salivary cell would no longer be the b.p. if it took into its head to produce bile or gastric juice, even though the quality of both secretions were highly commendable, but only so long as it continues to retail a good high-class saliva. Just so our conception of the b.p. medical man will be based upon a reference to his functions as a medical man, entirely neglecting his capacity or otherwise for baking French rolls, or making patent leathers; but to follow out the simile, just as our hepatic cell deals with bile, urea, and glycogen, so the functions of our medical man have reference to three branches of knowledge, Medicine, Surgery, and Obstetrics. Our classification will therefore be based upon the way in which the medical man and his precursor, the medical student performs these functions. How he may perform this trinity of functions in the b.p. manner we shall endeavour to ascertain later on, but meanwhile let us proceed to trace the progress of the medical student of to-day, as he gradually converts himself into the medical man of to-morrow, just as the tiny flower bud insensibly expands into the full blown blossom."

Dr. Wilks, in his lectures on medicine, was in the habit of saying "This is one of those obscure questions which it is almost idle to discuss with the materials now at hand, and yet it is just the subject that the students crowd round me to ask questions about after my lecture. To these eager young men, who wish to polish their intellects on abstruse points, let me recommend the old question, 'Had Adam and Eve a navel?'"

THE EFFECTS OF WATER GAS.

Dr. Stevenson's Report on the recent case of poisoning by water gas contains much that will be of interest to some of our readers, and from it we make the following extracts:—

"Two remarkable facts were observed. That the viscera and blood remained long free from putrefaction, and that the blood retained for nearly a month the rosy hue noted at the post-mortem examination. These observations point to the presence of carbonic oxide in the bodies. Repeatedly and after many days I have been able to ascertain that carbonic oxide was present in the blood of both the deceased. I determined the quantity of the gas in the blood from the right auricle of Tennick's heart, and found it to yield 0·03 per cent. by weight. This shows that the blood was pretty well saturated with carbonic oxide gas. This condition is incompatible with the continuance of life. French's blood was equally saturated with carbonic oxide gas, as shown by spectroscopic analysis. Blood pigment, charged with carbonic oxide, was present in French's body—in the pericardial fluid, the urine, and the contents of the stomach. The same blood pigment, charged with carbonic oxide, was present in Tennick's body—in the fluid in the pleural cavity, the urine, and in the contents of the stomach. The stomachs of both bodies, their contents, the urines, and the viscera, were all free from poisonous substances, other than carbonic oxide.

"Carbonic oxide gas is a constituent of water gas, which usually contains about one-third of its volume of carbonic oxide. The manager of the forge works informs me that their gas contains about 40 per cent of carbonic oxide. It is the most poisonous constituent of coal gas, of which it forms 4 or 5 to 8 per cent., and of the fumes of burning charcoal, of which it forms perhaps 5 to 10 per cent. It is also a constituent of the forge gas from iron smelting furnaces. The other constituents of water gas, the chief of which is hydrogen, are comparatively harmless when breathed. Carbonic oxide is a deadly gas. Its effects are insiduous, because it is colourless, destitute of odour, and does not irritate the air passages, but rather acts as a narcotic. So that it may be breathed without any alarm being excited in the victim. One of its effects is to cause a loss of the power of movement, and even of desire to make any exertion. Hence a person getting under its influence may be powerless to escape from the poisoned atmosphere. It kills by a special kind of suffocation, even when present in the air in very small quantity. It does not suffocate in the ordinary sense of the term, by filling the lungs with an irrespirable gas, but acts in a quite different manner. When atmosphere containing even small quantities of carbonic oxide is breathed, the carbonic oxide combines with the oxygen-carrier of the blood, hæmoglobin, forming a fixed compound, to the exclusion of oxygen. The hæmoglobin is thus rendered incapable of taking up oxygen and carrying this to the tissues of the body. Moreover the

compound of carbonic oxide with hæmoglobin is a very stable body, so that the carbonic oxide is dislodged from it with great difficulty. The result, then, of breathing an atmosphere containing this gas is that the oxygen-carrier hæmoglobin is gradually converted into a useless substance, which is incapable of carrying oxygen from the lungs to the tissues, and these in the end become as effectually deprived of oxygen as if the air passages were blocked up. When so much of the hæmoglobin is rendered useless as that the tissue no longer receives a sufficiency of oxygen to enable them to carry on the processes of oxidation necessary to life, death results. Under such conditions, removal into fresh air and the usual restorative remedies for suffocation by gases are of little avail. It is manifest that the want of odour, absence of irritating effect, the soothing or narcotising influence which it exerts, and the property of the hæmoglobin of the blood to pick out, as it were, minute quantities of carbonic oxide from the atmosphere in preference to oxygen, and the consequent rendering of the hæmoglobin incompetent to act as a carrier of oxygen from lungs to the tissues, all combine to render carbonic oxide an insidiously deadly gas. I have experimented on animals with mixtures of carbonic oxide and air. Four per cent. caused convulsions in a mouse in half a minute after its immersion in the poisoned atmosphere, and in a minute and a half the animal was dead. One per cent. manifestly affected a mouse in a minute and a half, and in five minutes it had nearly lost the power of movement. In about an hour the animal scarcely showed any signs of life, though it did not die till the end of one and three-quarter hours. A half per cent. killed a mouse in the same time, one and three-quarter hours. These diluted atmospheres, containing one and a half per cent. respectively of carbonic oxide, did not cause convulsions in the mice immersed in them. My own experience is in agreement with that of others. It has been stated that one-tenth per cent. of carbonic oxide in an atmosphere is injurious. This corresponds to approximately one-quarter per cent. of water gas; and that a single ordinary burner of water gas, turned on but not lighted, in a closed room of 1,500 cubic feet capacity renders the atmosphere of the room deadly in an hour's time. Deaths from water gas in the United States of America have been of late frequently reported."

OBSTETRIC NOTES.

A CASE OF HAND PRESENTATION.

Eliza C—, æt. 25.

History of Previous Labours, &c.—First child large; born dead after use of instruments. Second child also born dead in similar manner. Third child normal labour, and is now alive æt. 4. Fourth child died at 5 weeks of "convulsions." Twelve months ago patient had a difficult miscarriage. No history of syphilis.

Patient always works very hard carrying sand-bags about for sale, and has lately done even more work than usual.

Present Labour.—On arrival at 3 p.m., Dec. 9th, os fairly soft, membranes had ruptured half-hour before arrival; os about the size of two-shilling piece, and on passing the finger through the left hand presented and grasped the examining finger. On abdominal palpation the head was situated at the left of the umbilicus and the back forward. No pelvic contraction detected by vaginal examination. The Junior Charity was immediately sent for, and then the Senior Charity and Dr. Horrocks. The patient at first refused chloroform, so Dr. Horrocks tried cephalic version, but owing to contraction of the uterus, this was impossible. The patient then took chloroform, and the Senior Charity then did podalic version and proceeded to extract the fœtus.

This came with some difficulty until the neck was reached when the head stuck. Strong traction failed to bring it down, and as pulsation in the funis had now ceased Dr. Horrocks proceeded to perforate; this was done twice, and traction with the blunt hook tried, but the head still would not move. The cephalotribe was then tried but could not be fixed. The head was then perforated again, and flexion of the head finally effected by traction with the crotchet, when the head came down at 7 p.m. the placenta following.

The child was of normal size, and had been perforated in the left inframaxillary region.

Dec. 10th. Temp. 97. Pulse 70. No after pain Vagina syringed with Lotio Hyd. Per. 1–2000.

11th. Pulse 65. Temp. 98·2. Vagina syringed. Breasts rather full. Glycerine and Belladonna pro. app. to breasts.

Pil. Col. with Cal. gr. v. et rep. s.o.s.

12th. Pulse 65. Secretion of milk slight.

13th. Pulse 65. Temp. 97·8. Appetite good.

17th. Patient going on very well. She is to get up to-morrow.

H. W. W.

QUEEN'S COLLEGE, BIRMINGHAM.—At their last meeting the council appointed Dr. G. F. Crooke, lecturer on practical pathology. On December 17th, in the afternoon, a large meeting of students connected with the Birmingham Medical School, assembled in the Lecture Theatre, to present Dr. Crooke, physician to out-patients of Queen's Hospital, and late pathologist to the General Hospital, with an illuminated address and a collection of medical and scientific works. The Rev. the Warden presided; and there were also present Professor Windle, Dr. Radclyffe, Dr. Addenbrooke, Dr. Jordan, &c. The presentation was made by Mr. G. J. Dudley, who alluded to the very valuable services rendered by Dr. Crooke, in the teaching of pathology to the Birmingham students. Dr. Crooke suitably replied, and moved a vote of thanks to the Warden for presiding; the resolution being seconded by Mr. Mason. The Warden having replied, the meeting terminated with loud cheers for Dr. Crooke.

Passim.

HE was a Visitor to the dissecting room, and as he gazed mournfully on the anatomical wrecks around, he noticed a subject lying in the prone position with a block under the chest; the scapulæ were sticking out well, adding to the expanse of back. Our Visitor turned to his companion and remarked, "What a magnificent chest!" Even now it is an enigma to him why this remark should have met with so much laughter.

IN these days of disbelief, some of our greater institutions meet with much ridicule, but the Press has still a voice in the land. In the last GAZETTE our correspondent, "Sine Nomine," suggested that the entrance to the Superintendent's Office should be indicated by some sign, and a very few days afterwards this was done, so that no mistakes need occur in the future.

A VALUABLE scientific discovery was made by a candidate at one of the recent examinations. It is, that the spermatozoon has all to do with the origin of the fœtus. The head gives rise to the head of the embryo, and the tail to the body. The poet is right when he sings,—

"Science moves, but slowly, slowly,
Creeping on from point to point."

EVERY man has his own idea of humour, and his friends have to accept it with the rest of him, "for better or worse." We wish, however, that the humourist, who adds to the natural discomfort of the dissecting-room lavatory by smashing the basins and removing the plugs, would come as soon as possible to the end of his joke. We quite see the point, but would remind him that there are extra mural opportunities to hand.

APPOINTMENT.

Mr. JAMES F. RYMER, M.R.C.S. and L.D.S., Eng., of Maidstone, has been appointed Honorary Dental Surgeon to the West Kent General Hospital.

PASS LIST.

SECOND CONJOINT.

ANATOMY AND PHYSIOLOGY.

E. L. Adams. E. E. Frazer.

ANATOMY.

A. Allport. T. S. Robson.
F. P. Bush. J. O. Williams.

PHYSIOLOGY.

T. S. Jackson. E. E. W. Roe.
A. Reeves. H. J. L. Wales.

FIRST CONJOINT.

PART I.

CHEMISTRY AND PHYSICS.

H. S. Desprez. S. G. Layman.
C. H. Harding. L. H. Y. Stephen.

PART II.

MATERIA MEDICA AND PHARMACY.

C. M. Fleury. J. C. O. Wilkins.

PART III.

ELEMENTARY ANATOMY AND PHYSIOLOGY.

C. E. Carpmael. R. G. James.
P. J. Curtis. H. T. Shaw,
G. A. Skinner.

PHYSIOLOGY ONLY.

H. E. Cock. E. M. Judge.

ROYAL COLLEGE OF PHYSICIANS.

PRIMARY EXAMINATION.

T. W. Welstead.

We hope there are a good many men reading for the Golding-Bird, Beaney, and Michael Harris Prizes, the competition for which takes place in March.

We know that the "Arthur Durham Prizes" will provoke a good competition.

We hope some of our readers will compete for the following Scholarship:—

The next examination for the Charles Murchison Scholarship in Clinical Medicine will be held in the Royal College of Physicians of London, on Monday, the 14th day of April, 1890, at 4 p.m., and following days.

The Scholarship is open to any Student of Medicine who has been a registered Medical Student during a period of not less than four, and not more than six, years at a Hospital in London or Edinburgh, recognized by the Royal College of Physicians of London, or by the Medical Faculty of the University of Edinburgh, and whether holding a Medical qualification or not.

The examination will be conducted both orally and in writing, and will include—

(*a*) Examination of patients, with reports on their cases;

(*b*) Questions on pathology and treatment; and

(*c*) Examination on specimens.

The Scholarship is of the value of twenty guineas, and is tenable for one year.

Intending candidates are required to send in their names to the Registrar of the Royal College of Physicians, Pall Mall East, London, not later than the 1st of April.

(The examination for 1891 will be held in the University of Edinburgh.)

UNIVERSITY OF LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE.

JANUARY, 1890.

Monday, January 20.—Morning, 10 to 1.

Examiners—Prof. John Curnow, M.D., Prof. Alexander Macalister, M.D., M.A., F.R.S.

ANATOMY.

1. Give in detail the steps of the dissection by which you would fully expose the digastric muscle. Give its attachments, actions and nervous supply.

2. Describe the commencement, course, and relations of the thoracic duct; and point out where its tributary lymphatics enter it.

3. What are the stages of the dissection necessary to expose the entire course and distribution of the three lowest sacral nerves? Describe these nerves fully.

4. Describe the conditions of apposition of the articular surfaces of the femur, tibia, and patella, in extension, in semiflexion, and in complete flexion of the knee. How is the knee maintained in the extended position during standing without muscular action?

Monday, January 20.—Afternoon, 2 to 5.

ANATOMY.

1. Give the origin, course, and distribution of the ciliary vessels and nerves.

2. Describe, in detail, the position of the adult liver *in situ*, pointing out the relations of its surfaces to the abdominal parietes and the adjacent structures. What structures would be cut through in removing it from the body?

3. Describe the several muscles which make up the ball of the thumb, giving their attachments, relations, and their vascular and nervous supplies.

4. Describe the blood vessels (arteries and veins) of the sole of the foot.

ORGANIC CHEMISTRY.

1. Explain the meaning of the term "hydrolysis," and supply several examples.

2. State fully and precisely the conditions and the materials requisite for producing alcoholic fermentation. What products are obtained in addition to alcohol? How is anhydrous alcohol obtained from commercial spirit of wine?

3. Describe the origin, properties and chief reactions of tartaric acid. Give the formulæ of the tartrates used in medicine, and state briefly how each is prepared?

4. Contrast the effects of acids and other agents on caustic soda and on alcohol, and show that these lead to the recognition of a radicle common to both.

5. What is the difference in constitution and properties between an amine and an amide? Give examples, and describe the preparation of a typical member of each class.

6. On what experimental evidence, synthetical and analytical, do we regard acetic acid as a methyl compound?

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

1. In what forms is Sulphate of Iron contained in the Pharmacopœia? Give the methods employed for making them, their physical characters, their doses, and their pharmacopœial preparations.

2. Give an account of Camphor, including its nature, source, physical and chemical properties, the composition of its official preparations, and its physiological action.

3. Compare and contrast Anæsthetics, Anodynes, and Narcotics. Give illustrations of each from the Pharmacopœia.

4. Give the composition of the following:—Pilula Plumbi cum Opio, Pulvis Antimonialis, Trochisci Morphinæ et Ipecacuanhæ, Tinctura Nucis Vomicæ, Liquor Hydrargyri Perchloridi, Mistura Scammonii, Spiritus Ætheris, Linimentum Calcis, Emplastrum Plumbi, and Enema Opii. Give the doses of the first seven.

5. Give an account of Conium, including its nature, source, active principles, the official preparations derived from it, and its physiological action.

6. Enumerate the official compounds containing Iodine, and show how each is made. Give their preparations and briefly describe their actions.

PHYSIOLOGY AND HISTOLOGY.

1. Give an account of the variations in the heart-beat which may be produced in mammals, and of the manner in which these variations may be brought about.

2 Describe the mode of ending of motor nerves in skeletal mammalian muscle. What do you understand by the "latent period" of muscular contraction? How is the "latent period" measured?

3. Compare the structure of the spleen with that of a lymphatic gland. In what ways can a change in the volume of the spleen be produced?

4. What conclusions with regard to metabolism in the body may be deduced from the composition of cow's milk and the amount of fat secreted in it?

5. Give a concise statement of the chief facts which are adduced in favour of the Young-Helmholtz theory of primary colour sensation.

6. What do you understand by the term "nervous centre?" What evidence is there of the existence of nervous centres in the lumbar region of the spinal cord?

SECOND CONJOINT EXAMINATION PAPERS.

ANATOMY.

1. Describe the bony walls of the orbit, and enumerate the openings which lead into and out of it.

2. Describe the course, relations, and branches of the radial artery in the forearm.

3. Describe the corpus callosum, and give its relations.

4. Give the attachments, nerve supply, and action of the following muscles:—(*a*) biceps femoris; (*b*) flexor accessorius digitorum; (*c*) rhomboideus major.

5. Describe the course, relations, peritoneal connections, and arterial supply of the transverse colon.

6. Give the attachments and the external relations of the fibrous pericardium.

PHYSIOLOGY.

1. Give the composition of urine, and state the sources of its chief constituents.

2. Describe the structure and the physical and vital properties of the different kinds of human blood corpuscles.

3. What is the use of each of the following muscles in respiration:—diaphragm, serratus magnus, obliquus externus abdominis? Explain how the lungs expand in inspiration.

4. Give an account of the structure and functions of anterior horn of the grey matter of the spinal cord.

5. How may the blood supply and pressure in any vascular area be increased or diminished?

6. What are the immediate results of section of the third nerve at its superficial origin?

THE ART OF INDEXING.

In our last issue we had occasion to remark upon the labour involved in compiling the index of last year's GAZETTE, and to tender our thanks to Mr. Sharp who undertook the work. A correspondent, thinking the index in question far too matter-of-fact, sends us the following account, taken from a daily paper, of the method adopted in a recently published scientific book. The letter is so amusing that we give it in full:—

"No one would accuse Mr. St. George Mivart of a joke. He writes so earnestly and in such stately fashion that it is quite impossible to imagine him guilty of the literary indelicacy known as laughing in his sleeve. Yet he has permitted the publication under his name of one of the most riotous specimens of fun ever issued from the press. The book itself ("The Origin of Human Reason," just published) is of the most decorous description, solid throughout, and perhaps just a trifle dull. It is not until the index is reached that the fun breaks out, and then it waxes fast and furious. The index compiler must have been having a very dull time of it, and no doubt determined to revenge himself upon the very next author whose book fell into his hands, and this is how he does it. Mr. Mivart had found it necessary to refer occasionally and in passing to samples of animal sagacity. Here is the index maker's opportunity. There is, for instance, a reference to the story of Miss Benson's collie who used to run out of the house whenever the word "pigs" was uttered. First this appears under D—Dog hunting pigs after family prayers, 78. Then it reappears under H—Hunting of imaginary pigs after prayers, 78. Then under I—Imaginary pigs hunted after prayers, 78; and finally under P—Pigs, imaginary, hunted after prayers, 78. Why the compiler denied himself the pleasure of indexing it also under Prayers it is impossible to conjecture; but he makes up for the omission by cataloguing it under the heading Archiepiscopal Collie Dog. Again, Mr. Mivart casually remarks on page 299 that the besetting sin of our day is sensationalism. This remark, which occurs in the middle of a paragraph, appears to have struck the indexer's fancy, and he indexes it under Besetting, under Day, under Sin, and under Our, though again unaccountably he misses the Of. We must pass over such flowers of composition as "Dough, parrot up to its knees in," and a choice collection of extracts under the word "What," for the sake of calling attention to the masterpiece of the whole index, a masterpiece which we venture to prophesy is unsurpassable in the whole range of index-making. Mr. Mivart had referred on page 136 of his book to some articulate utterances of a certain parrot which sounded remarkably like replies to questions. This anecdote gives the indexer his great opportunity. He indexes this twice under A, and thereafter under twelve other letters with variations of perfectly fascinating ingenuity—thus:—

Absurd tale about a Cockatoo, 136.
Anecdote, absurd one, about a Cockatoo, 136.
Bathos and a Cockatoo, 136.
Cockatoo, absurd tale concerning one, 136.
Discourse held with a Cockatoo, 136.
Incredibly absurd tale of a Cockatoo, 136.
Invalid Cockatoo, absurd tale about, 136.
Mr. R —— and tale about a Cockatoo, 136.
Preposterous tale about a Cockatoo, 136.
Questions answered by a Cockatoo, 136.
R——, Mr. and tale about a Cockatoo, 136.
Rational Cockatoo as asserted, 136.
Tale about a rational Cockatoo, as asserted, 136.
Very absurd tale about a Cockatoo, 136.
Wonderfully foolish tale about a Cockatoo, 136.

Could it have been some premonition of the fate his anecdote was going to meet with that led Mr. Mivart to close it with the words "enough has now been said?"

"WHY, Doctor Slasher, you know you said a month ago that Mr. Robinson was sure to die, and yet I saw him only yesterday walking about as well as ever." "Madam, my prognosis is merely a matter of time."

Hospital News.

INTERESTING CASES.

PHILIP	3	Hæmaturia ? cause.
	5	Acute Nephritis.
	7	Paraplegia. Cavitation left apex.
	9	Phthisis ; tubercular laryngitis.
	11	Lead paralysis.
	13	Insular sclerosis.
	20	Pseudo-hypertrophic paralysis.
	31	Ocular paralysis.
	25	Pachymeningitis spinalis.
	38	Right hemiplegia ; aphasia.
STEPHEN.	3	Right hemiplegia ; aphasia.
	19	Tubercular peritonitis : pleurisy.
	21	Thomsen's disease.
	35	Phthisis ; tubercular laryngitis.
	40	Lead palsy.
MARY.	17	Hysterical paraplegia ; hemi-anæsthesia.
	19	Retinitis albuminurica, glycosuria.
	22	Influenzal broncho-pneumonia.
	23	Right hemiplegia ; aphasia.
	24	Diabetes, with ainhum.
	25	Compression paraplegia.
	27	Paraplegia; nephritis ; retinitis.
	39	Neurosis.
	41	Mitral stenosis ; tricuspid regurgitation.
CORNELIUS	14	Dorsal dislocation of femur.
	18	Dislocation outwards of Tibia.
LYDIA	13	Epulis.
	14	Necrosis of patella ; destructive arthritis of knee.
MARTHA	12	Chondro-sarcoma of hand.
JOB	4	Torticollis—unilateral facial atrophy.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DORSAL DISLOCATION OF THE WRIST.

DEAR SIR,—May I suggest as an alternative diagnosis for the case reported in the last number of the GAZETTE, separation of the lower radial epiphysis? This is relatively a much more common accident than dislocation, especially in "a boy aged 13." The symptoms given seem, as far as can be judged from a mere perusal of the account, to favour this diagnosis as it is mentioned that there was "free movement but no crepitus;" surely in dislocation there would be loss of movement. In Heath's *Dictionary of Surgery* it is stated that in separation of the lower radial epiphysis there is an absence of the obliquity of the hand noticed in a Colles' fracture ; the anterior prominence is more marked than the posterior, and the dorsal groove is horizontal ; these points being of use more, perhaps, for the distinction of diastasis from fracture, but not valueless in this case. May I express a hope that the joint was *not* moved in ten days? P.

PEROXIDE OF HYDROGEN.

Peroxide of hydrogen is a colourless solution resembling water, and only differing from that substance inasmuch as it contains an extra atom of oxygen in chemical combination with each molecule. It may, therefore, be described as oxygenated water, and it is this extra oxygen that gives to it the valuable bleaching, oxidising and antiseptic properties which characterise it. As ordinarily met with in commerce, it contains 3 per cent. of the real peroxide of hydrogen, and is described as of "ten-volumes strength," which means that any given volume of the solution is capable of yielding ten times its own quantity of oxygen gas.

The solution is perfectly innocuous, being non-poisonous and without deleterous action on the skin or clothes. Moreover, it may justly be described as Nature's own bleaching and purifying agent, for it is found present in dew and white frost, and as an atmospheric constituent, it is the active principle in the so-called grass-bleach. Further, it is formed naturally, in immense quantities, in the atmosphere of pine, eucalyptus and camphor forests, and acts as a most beneficent natural antiseptic, oxydising agent and purifier. The peroxide of hydrogen, as ordinarily prepared, is very unstable, and rapidly becomes decomposed into ordinary water and oxygen gas, thus often causing the bursting of the vessels containing the fluid, and introducing at once an element of danger and expense.

By a careful investigation, conducted by Mr. C. T. Kingzett, F.I.C., F.C.S., means have been found for almost entirely overcoming this want of stability, and Kingzett's Patent Preserved Peroxide of Hydrogen may be kept, using ordinary care, from any appreciable loss of strength. It is, therefore, both more reliable and economical than any other make.

Peroxide of hydrogen is a most effective antiseptic and germicide, and forms an excellent dressing and general disinfectant. Mr. Kingzett carried out a series of experiments of which an account was presented to the British Association in 1876. Apart from the previously well-known oxidising properties of peroxide of hydrogen, it was then proved, for the first time, that this substance exhibits striking antiseptic effects, and is capable, even when present in very small proportions, of entirely arresting those so-called processes of fermentation which are originated by living organisms. Experiments were made upon egg-albumen, grape-juice, milk, urine, brain substance, flour paste and beer. These antiseptic properties were afterwards confirmed by the investigations of Guttmann and Frænkel, in Germany; and the *Lancet*, on June 22nd, 1878, directed special attention to their experiments upon urine, meat-infusions and grape-sugar.

MM. Bert and Regnard have shown that an extremely dilute solution of oxygenated water prevents the fermentation of glucose by the agency of yeast, prevents mycodermic growth in red wine, prevents the lactic fermentation in milk, and the putrefaction of albumen, etc. On the other hand, they found that this antiseptic

agent was incapable of arresting the changes induced by soluble non-organized ferments, such as diastase, in suitable media. The distinction thus arrived at is most important, because if peroxide of hydrogen be employed for internal administration, we have a guarantee that its presence in the system will not arrest nor interfere with the many assimilative and other processes carried on in the living body by means of ferments of the pancreatic type.

M. Péan has performed many important operations in an atmosphere impregnated with the peroxide, instead of carbolic acid, with more than an average amount of success; and M. Baldy has employed gauze and wool soaked in the peroxide, and kept in contact with wounds by means of bandages in cases where prolonged contact has been desirable. He has also found that it may, with safety, be used as an injection for washing out cavities of the body.

Peroxide of hydrogen has not merely the power of destroying pus and other albuminoid products by oxidation, but it is admitted by the very best bacteriologists to be an exceedingly powerful germicide capable of destroying the life of germs and spores alike. In these respects it ranks next to biniodide of mercury, while, as distinct from that substance, it is quite non-poisonous. It is known to all that air-breathing animals depend upon the oxygen which is in the air for their very life, and it stands to reason that for all diseases which in any way depend upon deficient oxidation, peroxide of hydrogen is the best natural remedy, for it is a solution of oxygen in chemical combination with the elements of water.

MR. SHATTOCK.

The obituary of the week before last contains the name of one who, for many years, was quite a Guy's character.

Mr. MARK SHATTOCK, who died at Lewisham on the 6th inst., in his 80th year, was born in the corner house in the front square, now occupied by the chaplain, where his father resided, and who held the then important office of head brewer to the Hospital. Mr. Shattock early showed an aptitude for business, and at the age of 16 was put into the Steward's office as a junior clerk. His handwriting, however, at that time nearly lost him his place, the Treasurer of the day declaring that it resembled nothing so much as that of an old hen who in scraping for barleycorns had got into the ink pot by mistake. Notwithstanding the penmanship, young Shattock rose by perseverance and hard work (not unmixed with good luck) to the Clerkship of the Hospital, and retired after 56 years' service, just eight years ago, upon a liberal pension from the Governors.

There are many fine stories told of the old gentleman who, though somewhat irritable, had a strong vein of kindly humour.

On his journey to and from his residence at New Cross his venerable appearance attracted attention, more particularly from the younger travellers, some of whom he effectually "cornered" one evening, when, after enduring their rude stares for some time, he remarked, "Gentlemen, do you mistake me for a zebra?"

Mr. Shattock's sons greatly distinguished themselves at the Universities. His eldest son was a Wrangler of his year after taking a scholarship from Christ's Hospital. His second son, after taking a double first in "Mods," swept the board at Oxford of what was to be had in his day, including the Pusey and Ellerton, Kennicott, Johnson and Denyer, junior and senior, Greek test, &c., and was, upon the re-organisation of Hertford College, chosen one of its first Fellows.

The deaths, however, of his sons and daughters one after the other was the sore trial of his later years, and quite undermined his wiry constitution.

Sport.

ASSOCIATION FOOTBALL.

Our energetic Secretary had arranged no less than three matches for January 11, when the news was suddenly burst upon him that a junior cup tie must be played on that day. Letters poured in upon his devoted head, per Parson's window, and post-cards (N.B.—economy) flowed from his facile pen to other eager "excellents" about "our fixture" "hoping for fine weather," to all of which he replied "regret cup tie." But I digress. Guy's 2nd beat Barnes 2nd at Barnes in the second round of Surrey Junior Cup on January 11 by 3—2.

"Had Guy's shooting been stronger
The list of goals had been longer."

Barnes have protested, and we have been ordered to replay match.

Oh, listen to a tale of woe! Guy's 2nd XI were beaten by Bart's 2nd XI by 6—1. The game was hotly contested throughout, but our forwards having forced the ball into our opponents quarters seemed quite unable to defeat their backs, and so shot from too long a distance to "kill." Influenza did it.

On the same day Chiswick Park defeated the United Hospitals by 3—1. Of our men, Frith and Hibbard were playing.

GUY'S *v.* CHAMOIS.

At Dorking on Saturday, January 11, for Surrey Senior Cup. Such was the announcement for Saturday last. The Brighton railway whisked us down to Dorking, 27 miles in two hours, a most enjoyable journey. Hibbard did not appear owing to urgent private business, and Mumford took his place. Bradley started the ball against a strong wind at 3 o'clock. An enthusiastic audience of about 300 men surrounded the lists, to the credit of the Hospital be it known; three Guy's men also came to cheer. The "Shammy"—pet name—forced the position

at once, but Frith soon relieved, and for some time the game waged to and fro, Guy's having slightly the advantage, and showing to the delighted Shammyites a display of fancy shooting. The first point was scored by the wind driving a ball that Cartwright had fisted away back into the goal, when it was rushed through. The game now became very fast, and Bradley put in a grand shot, the ball unfortunately hitting the bar, fell back into play. After the interval the superior condition and combination of "Shammy" began to tell, though owing to the fine play of our halves, they only succeeded in adding one more goal. Bradley again put in a fine shot, which almost grazed the bar. "Luck's agin 'em" (a voice). Before we have any chance of winning a cup we must have more practice together, and the forwards play with more dash. Daniel played a grand game at half, and, in fact, the three halves were the pick of the XI. For them, Wilson at half, and "Georgie" Quint and the centre forward did most of the work.

GUY'S.—E. H. Cartwright (goal); W. S. Frith, V. Pendred (backs): A. M. Daniel, C. Sheep, W. Poole (halves); R. C. Kirkby, W. G. Mumford, O. S. Bradley, W. Fisher, H. Hewetson.

GUY'S *v.* NEWPORT.

After numerous disappointments through illness, the Secretary collected a team to go down to Newport on Friday, January 18th.

Going down to play a team like Newport without Mitchell, Reid, Allport, Biggs, Instone and Bligh, even the most sanguine could scarcely hope to come away without a severe thrashing. Leaving Paddington at 5.45 on Friday night, great excitement was caused by the non-arrival of two men, Roper and Rogers, the latter of whom turned up just as the train was on the move. Arrived at Swindon we found a "wire" from Roper stating that he had been smashed in a cab, and was too hurt to come (execration of cabbies in general), Budge, who managed for the team in the secretaries absence, sending telegrams of distress pretty well all over England. Arriving at Newport about 10 the team was met by the captain of the Newport team, who directed them to the King's Head, where supper awaited them. A wash and free fight for choice of rooms of course ensued, and by 11.30 bed. About 1 a.m., however, a meeting took place in one of the bedrooms, and Ensor, dressed in an entirely new outfit of football togs caused great amusement by his acrobatic performance, which proving rather thirsty work the manager was dispatched for drinks and cigarettes, which being consumed nearly everyone went to sleep, except Budge aud Nicholson, who started off to look for Abergavenny, and having found it enjoyed themselves immensely.

Early next morning raids were made, and all were hauled out of bed except Cooper who feigned influenza remarkably well and was allowed to sleep peacefully. Baths, a walk, and then breakfast which all enjoyed, especially Burrell and Nicholson. Then came a game of pool and after that a voyage of discovery, then lunch. At 2.30 the team, reinforced by Swayne's brother, started to get ready, and at 3.5 p.m. the game began. The field was about ankle deep in red mud with pools of water at intervals: the orders were for Guy's to keep it close and doubtless owing to these tactics they came away without a disgraceful licking, the game was almost entirely a forward one, and it was a treat to see the way the Guy's forwards worked. When the whistle blew the score was Newport 1 goal, 4 tries and 9 minors; Guy's 1 minor.

For Guy's, Swayne, Rogers, Wilks and Pilcher forward did great things, whilst behind, Cooper, Ensor and Birdwood played splendidly, Barr and Coleman both collared very well but could not kick, doubtless owing to the state of the ground.

After the match, Newport provided a sumptuous tea, and the team left reluctantly at 6.30 p.m., the journey home was occupied mainly by singing, and nagging the manager. Great grief was caused at Gloucester by receipt of a wire telling of the defeat of the Association team in the Surrey cup. Messrs. Budge, Nicholson, and Ensor made speeches, and it is believed that Rogers made a few remarks, which were unfortunately unheard, owing to the uproar caused by an attempt to put the manager under the seat. Arriving at Paddington at 12, too late to catch outgoing trains, Messrs. Budge and Nicholson kindly offered to put up all who could not get away that night.

The thanks of the team are due to Budge for the able way in which he managed: and to the spectator for the encouragement he gave during the game.

Marriage.

SANDBACH—BAKER.—On the 14th inst., at St. Paul's, Cambridge, Charles Herbert, son of the late William Sandbach, of Burton House, near Tarvin, Cheshire, to Grace, youngest daughter of Thomas Baker, formerly of Barton, Cambs.

Advertisements.

For the convenience of Guy's men, a list is kept in the Medical Office of qualified gentlemen who are desirous of purchasing Practices, Partnerships, or acting as Locum Tenens or Assistants. Advertisements can be inserted in this column—price 2s. 6d. each.

TO LET—Furnished Apartments. Good bed and sitting rooms. Terms moderate. Five minutes from rail. No other lodgers.—A., 47, Penge Road, South Norwood.

FURNISHED APARTMENTS, suitable for one or two students. Good bath. No children. Near railway station. Terms moderate.—Mrs. BYE, Northwood, Kent House Road, Beckenham.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

Guy's Hospital Gazette,
FEBRUARY 8, 1890.

CLINICAL LECTURE BY DR. F. TAYLOR ON THE VALUE OF OPHTHALMOSCOPY IN MEDICAL DIAGNOSIS.

Notes by J. FAWCETT.

Dr. Taylor commenced by reading a letter by Dr. Gowers, from *The Lancet* of 1889, pointing out the value and also the importance of ophthalmoscopy being more insisted upon, than is generally done, in medical teaching of most of our London Schools.

The first case was that of a girl in Miriam 19, who came in on Jan. 19th, 1890, suffering from drowsiness, headache, vomiting and a slight rise of temperature, viz., 101° F.

Her illness had only lasted from Dec. 27th, 1889.

On examination with the ophthalmoscope there was found to be well-marked double optic neuritis.

In this case the indefinite symptoms of headache, etc., were proved to be cerebral in origin by the presence of the double optic neuritis. If the eyes had not been examined the condition might very probably have been put down to "migraine" or some such allied condition; but on account of the length of the illness, the presence of double optic neuritis, and the absence of otitis or any general disorder such as malignant endocarditis, some intracranial mischief is absolutely certain.

Dr. Taylor said that if the symptoms had lasted longer that then the diagnosis of tumour would have been probable, whereas the short duration made the presence of meningitis more likely.

The fact that the headache and drowsiness are almost completely relieved now under iodide of potassium may point to it being a form of syphilitic intracranial mischief, although there is no previous history of anything of the sort.

The second case is a woman in Miriam 30, admitted on Dec. 31st, 1889. Two years ago she had an indefinite illness consisting of pains in the limbs. A year ago had chorea, and during 1889, had been suffering from intermittent attacks of headache and vomiting.

On examination with ophthalmoscope, the right eye shows choroidal atrophy round the edges of the disc, and in the choroid patches of black pigment, and choroiditis.

Dr. Brailey, who saw the case, thought that these signs showed that acquired syphilis was the most probable cause.

There is also fixation of the pupils and no reaction to accommodation. In her history the only points of importance are the sore throats and pains in the limbs, but the changes included in the fixity of pupils, and want of reaction to light and accommodation, as well as the changes in the optic discs, show that the disease is not a functional one, which it might very well be if the ocular signs had not been noticed.

Also there is a good deal of additional evidence that the failure is in some part of the central nervous system. There is weakness of all the limbs, especially the right leg, so that her gait is uncertain and feeble, and there is deafness on both sides, since shown by Mr. Purves to be due to central disease. The fixity of the pupils may be due to iritis or to some central lesion, and though the choroiditis is not necessarily a consequence of syphilis, it is most likely to be so.

Again, the irregularity of the symptoms is very likely to be produced by a syphilitic meningitis of which Dr. Clifford Allbutt says that "it loves to crawl about the fossæ at the base of the cranium."

After taking iodide of potassium patient's headache has ceased, and she is in every way much better.

The third case was that of a girl in Miriam, 28. Her history only extends over four months, and there is no account of either cold or scarlet fever.

On the first examination with the ophthalmoscope nothing particular was noticed, but on the second it was found that there was well marked albuminuric retinitis in the left eye, and she also had some loss of sight.

This condition of the fundus explains the loss of sight, but as to the duration of the case it does not lead to anything very definite, as these changes are more often seen in the chronic form of Bright's disease, and their occurrence in an apparently acute case is of much interest.

In any case it is very important indeed to recognise the ocular changes, as patients with chronic Bright's disease often notice deficiencies in their sight before observing the more familiar symptoms of renal disease.

Dr. Taylor concluded by giving a list of the more important ocular troubles, recognisable by the ophthalmoscope, and the diseases or symptoms with which they are mostly associated.

1. Errors of Refraction. — Headache. Migraine.

2. Optic Neuritis. — Cerebral Tumours. Meningitis. Hydrocephalus. Otitis. Thrombosis of cerebral vessels. *General diseases, e.g.*, typhoid fever. Ulcerative endocarditis. Chlorosis. Leuchæmia. Lead poisoning.

3. Optic Atrophy.—Locomotor ataxy. Lead poisoning. Embolism of arteria centralis retinæ.

4. Choroid.—Choroiditis. Syphilis. Atrophy. Myopia. Tubercles. Tuberculosis.

5. Retina. — Retinitis. — Bright's disease. Anæmia. Leuchæmia.

6. Hæmorrhages. — Pernicious Anæmia. Bright's disease. Purpura. Ulcerative endocarditis. Leuchæmia.

Dr. Dinon tells a story of a brother physician, one of those gentlemen who are ever on the doorstep. One day on paying a patient his daily visit, he found the servants pulling down the blinds, so was not surprised to hear he was just dead; nevertheless, he persisted in going into the bedroom, and noticing that one hand was clenched, he opened it, pocketed the fee it contained, and said, "Poor fellow. sensible to the last."

MENTAL DISEASES.

By Dr. Goodall.

(Continued.)

I shall now speak of the forms of insanity commonly observed, not, of course, attempting to describe what is systematically set forth in text-books, but merely dwelling upon what appear to be main and interesting features of cases. I may also refer to a few conditions but rarely observed.

Persons who can only "make up their minds"—as the phrase runs—with much difficulty, are known to us all. No sooner is a decision arrived at than they begin to question its correctness. This is the position of the alienist physician. His indecision is due to the fact that general paralysis of the insane is capable of presenting itself under the most varied guises. It behoves him, therefore, to make a positive diagnosis only with much caution, and generally time alone can solve the difficulties he experiences in this regard. I believe that but few medical men of the present day view exaltation and general loudness of deportment as the necessary accompaniments of general paralysis; all should now be aware that such symptoms may be entirely absent: that cases are observed which have been from the outset weak-minded, and others that have exhibited nothing but melancholia and hypochondriasis. Voisin has particularly pointed out the last-named variety.

Delusions, again, of a depressing nature, sometimes constitute the most prominent feature such patients frequently say that machines are at work in the stomach, that spirits are wrangling within them. These delusions possibly arise from misinterpretation of sensations due to stimulation of the peripheral ends of visceral nerves, possibly they are due to lesions of the central connections of those nerves. I may here mention the conditions described as Megalomanic and Micromanic, in which the patient believes he is swelling enormously or dwindling

down to nothing. They would appear to be due to perversions of common sensation.

As you are aware, we know nothing of recovery from general paralysis, but remissions certainly occur, and may be most deceptive. Thus, in a case which occurred at Bethlem, the patient, a sea-captain, was discharged during remission, and was well enough to take his ship out to the East, though he gave evidence of failure when homeward bound, so that assistance was required in navigating the vessel. He was readmitted in complete stupor and quickly died. It may well happen to some of you to be asked your opinion upon such a case in remission, and doubtless you will be chary of committing yourself when you at all suspect a man's past history. But with all due caution one may well be deceived: the friends craftily concealing or distorting the past history of the patient, and generally some signs of the disease persist throughout the remission. By carefully examining, as a matter of routine, in every case, the pupils (for irregularity and impaired action), the tongue and lips (for tremor), the knee jerks (for loss or exaggeration), one will often be saved from pronouncing a patient healthy. More than this cannot be said.

With regard to *mania*, but little need be said; being the most striking, it is also the best known variety of mental disorder. The main question presenting itself for decision in a given case is whether the mania constitutes the whole disease or whether it is merely a phase of some disorder—such as general paralysis, alcoholism, fever or epilepsy, the prognosis of course varying widely in these different affections. Mention must, however, be made of an important variety of mania known as acute delirious mania. This is not, as some appear to think, merely an exaggerated form of ordinary mania, the only difference being one of intensity of noise, but is characterised by far greater prostration and danger to life. Dry brown tongue, sordes, and muttering, such as are observed in the typhoid state of fevers, are present here also. Other names are "brain fever," "typhomania." For a complete account I will refer you to a paper in St. Thomas's Hospital Reports, vol. XVI., by Dr. Smith, of Bethlem Hospital.

Melancholia, again, may be a complete disorder, or only a stage in a mental affection, ushering in mania, or following it, or being a manifestation of general paralysis.

Between the ages of 16 and 25, in both sexes, many cases of *stupor* occur: these are the patients in whom one sees catalepsy in various degrees. They stand or sit in one position by the hour, expressionless, entirely passive or obstinately resistive, with blue and cold extremities. Two main varieties are described, one, in which the patient is melancholic, retains his memory, and resists all that is done for him, and another, where the patient is unconscious, with no memory, and either passive or cataleptic, not resistive. The distinctions are of no great importance, since one class is apt to pass into the other. The experiences of some of these stuporous patients are truly terrible, according to accounts I have obtained on recovery. They believe themselves to be in some vast dungeon, even in hell itself: medical men and attendants are looked upon as captors and jailers, and patients around as so many miscreants. The process of feeding by the œsophageal tube is regarded as a form of punishment. By night there are horrible dreams; hallucinations, too, the patient seeing beasts and uncouth figures, and withal the sufferer is unable to move for fear. With deeper stupor, the outside world exists no longer for him, or those around may appear as phantoms—things without substance, dim, and of hazy outline. It appears as if the sensorium receiving stimuli, consciousness were in abeyance, as in the hypnotic state—where a very large number of stimuli do not, so to speak, arrive at consciousness.

I have spoken of patients who believed themselves to be in hell, their subsequent description—based as it evidently is on general ideas—does not lead us to infer any clairvoyance on their part. I now pass on to *delusional insanity*, and introduce it as furnishing some of the most difficult cases, both in regard of investigation and treatment. Delusions may follow sensory disturbances, or they may be strictly the elaborated products of morbid mental processes. Hallucinations furnish a gathering ground, as it were, for the construction of the insane belief. These sensory disturbances are themselves the result of stimulation of the periphery of the particular nerve involved, or the irritation may be more centrally applied, in which case a projection outwards takes place. Hallucinations, therefore, may definitely have a physical basis, and insane belief result from poisoning of the sources of information of the mind. When, however, delusions are gradually matured in the course of a recognised state of insanity—as when a patient after 3 or 4 attacks of mania becomes a chronic lunatic, with the belief that he is a king—they obviously occupy a different place in the morbid mental process, being no longer the sequel to sensory disturbances, owning, in the first instance, a definite physical basis, but are rather to be regarded as psychical in origin. But the question may well be asked—"will disturbances of the sensory apparatus, even tho' prolonged and severe, lead to the formation of a delusion which shall be the starting point of delusional insanity in the hitherto sane mind?" In my opinion, clear instances of the kind are difficult to produce. To take the case of the spirit drinker who begins to suffer from tingling, numbness, creeping sensations, and the like, at the outset of peripheral neuritis, he may ascribe his sensations to various occult influences, and thus arises a tissue of delusion, in which electricity, telephones and mesmerism all appear and are inextricably woven. But a morbid *mental* state, if it were not an antecedent, is probably an accompaniment of the disorders of the peripheral nervous system. These are not estimated by a sound judgment, but by a credulous, fearful, and alcoholic one. To take the case again of a person who misinterprets 'muscæ volitantes' believing them to be insects—whence arises the delusion of a filthy state of body—there must doubtless be unsoundness at both ends of the nervous tract concerned, in mind as well as in ocular media. Patients with the lightning pains of ataxy sometimes believe that shocks of electricity pass up their limbs: from this arises the belief that an unseen agency is at work. Such a conclusion also denotes an unhealthy mind. Nevertheless, the broad distinction is reasonable and useful, between those delusions which are obviously connected with sensory disturbances, and those which gradually form in morbid mental states where such disturbances have not been marked or have been entirely absent.

(*To be continued*).

NOTES FROM THE DISPENSARY.

PRECIPITATED ZINC SULPHIDE IN THE TREATMENT OF CHRONIC ECZEMA AND PSORIASIS (Apoth. Zeitung 1184).

This substance has been stated to have been used with good results, both externally and internally, in the treatment of the above skin diseases. The following is the formula of the application:

Zinc Sulphide,	1 part.	
Lanolin	4 „	
Lard	6 „	Mix.

Internally the sulphide is given in the form of pill as follows: Zinc Sulphide 0·50, Ext. Gentian q. s. to make 50 pills. From 3 to 12 pills to be taken daily. This new remedy is on trial at the present time in the skin department.

TANNIC ACID IN THE TREATMENT OF BURNS AND SCALDS (Pharm. Zeitung 630).

Tannin is said to be extremely useful in cases of severe burns and scalds. It is applied as a 5 per cent. solution, which is allowed to trickle over the sore; this is repeated whenever the bandage is changed. A cooling ointment is applied after the tannin solution.

The present mode of treatment at Guy's of burns is an ointment composed of 60 grains of Boric Acid with

one ounce of Vaseline. Linimentum Calcis has entirely gone out of use.

Unpublished Guy's Formulæ (*continued*)—

Mistura Arsenicalis.

℞ Liq. Arsenicalis ♏ v.
Inf. Calumbæ ad ℥j. M.

Mistura Ferri Arsenicalis.

℞ Liq. Arsenicalis ♏ v.
Ferri et Am. Cit. gr. x.
Inf. Calumbæ ad ℥j. M.

Mistura Ferri Cathartica.

℞ Ferri Sulph. gr. iij.
Mag. Sulph. ℥j.
Acid Sulph. Dil. ♏ xv.
Inf. Calumbæ ad ℥j. M.

ANSWERS TO INQUIRIES.

"Periodate Crystals."—This is an advertised nostrum for the cure of influenza. It is sniffed up the nose and is also taken internally in 5 grain doses. As sold it is a finely crystalline grey powder, very insoluble in water, and it answers to all the chemical reactions of Iodate of Calcium.

To disguise the taste of Tinct. Quininæ Ammoniat :

℞ Tinct. Quininæ Ammon fl ℥j.
Saccharinæ gr. ij.
Ol. Carui ♏ j. M.

A teaspoonful in a little water for a dose.

H. COLLIER.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sirs,—May I recommend all Guy's men connected with London University to sign the petition urging the maintenance of the present standards and conditions associated with its degrees?

If the standards of these degrees be lowered, feebler men can take them, and can then pose as the equals of those who have rendered the degrees honourable.

It has been suggested that the London University Medical degrees should be put within reach of all Members of the College of Surgeons, and that the abler or more ambitious men should take the same degrees in Honours This fraud is worked in Cambridge, in connection with the Arts degrees, with the result that the M.A. is valueless to an honours man and gives a fictitious importance in after life to the average parson, whose "poll" M.A, is really a disgrace.

If the M.R.C.S. be practically less useful than a north country M.D., the College of Surgeons should persistently apply for powers to grant an M.D. itself, though it makes one's brain giddy to think what would be charged for it. Because Durham or St. Andrews grant inferior degrees is no reason why London should be made to.

The unique success of London University proves that the value of its degrees is more appreciated than the difficulty of procuring them, and as almost all the physicians and surgeons in the London Hospitals are London University men, one has a suspicion that it is rather jealousy than wit which inspires the statement that London M.D.'s are unpractical men.—Yours, &c.,

D. W. SAMWAYS.

Sir,—The number of men who have signed the memorial to the Senate opposing the changes in the University of London, suggests that students generally have strong feelings on the subject of the intrinsic value of degrees. But are they not mistaken? A degree (as opposed to a qualification) is no doubt a good help in starting one's professional career, and therefore the radical party wishes to grant this advantage to as large a number as possible. But when once started a man's success surely depends on himself, as some have found to their cost. Now London affords the greatest field for clinical medicine in the world, and yet there are far less students than in several of the Northern schools, for the simple reason that they cannot obtain a degree so satisfactorily in London. At the present time Burlington breeds an intellectual aristocracy which is inconsistent with the progress of the times, or the greatest good of the greatest number. The tide is strong against it: what will it do? If we attract more students to London they will be better taught, because the opportunities for teaching are so much greater, and thus the average standard of medical education will be *raised*. The brilliant men will rise to the top as before, they will take double and treble firsts in graduation; and in the end will object to being placarded "M.D. Lond. honours." There are many points in the details of the draft Charter which call for discussion, and perhaps some of your readers may be induced to give their opinions on these very important questions.—Yours, &c.

SCRAPED THROUGH. M.B. LOND.

FORAMEN OF WINSLOW.

There is, perhaps, no name amongst those of the pioneers in science which has given greater cause for blasphemy to successive generations of students than that of the grand old anatomist, Jacob Benignus Winslow. His foramen is the pons asinorum in the study of the peritoneum—if the metaphor may be pardoned; and though it is not the only structure which bears his name (Is there not a ligamentum Winslowii?), we are more familiar with the name in association with the foramen than with the ligament. The latter has other appellations, but no writer of text-books has been bold enough to propose a

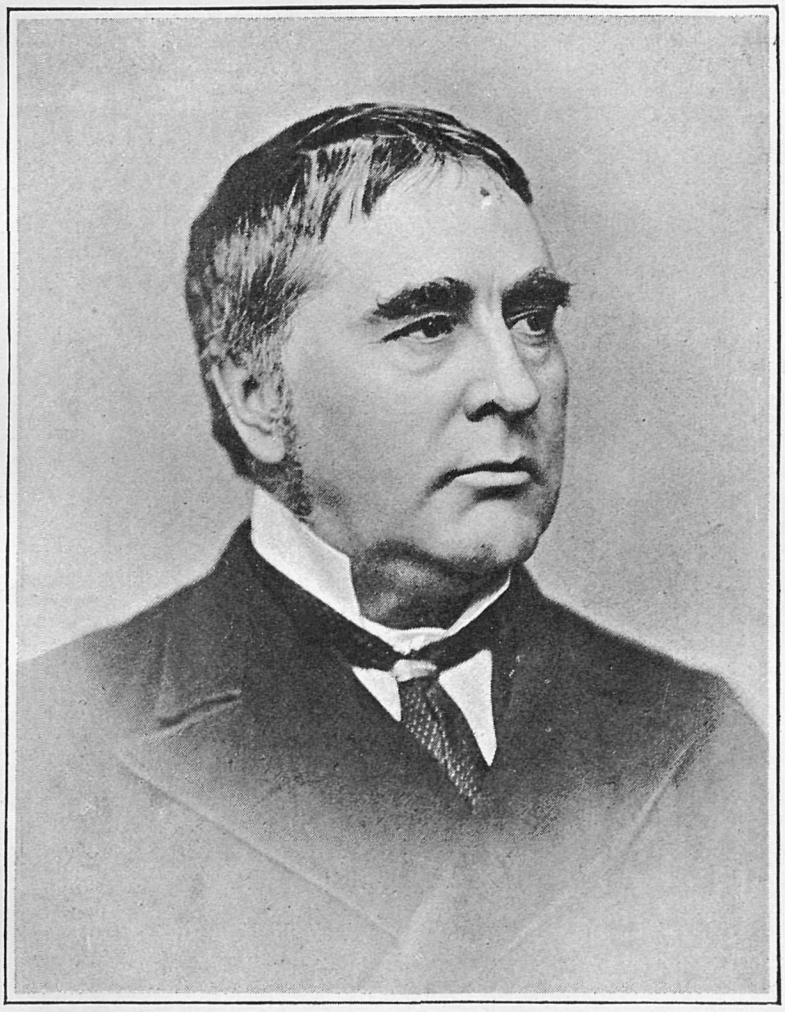
substitute for the time-honoured phrase. Such an innovation, even in these radical days, would surely endanger the sale of his work, for where is the dissecting room that knows not the foramen of Winslow? Gurlt, in his Biographical Lexicon tells us that Jacob was born on the 2nd of April, 1669, at Odense, in the island of Fünen, Denmark, and was at first intended for the Church, following in the footsteps of his father and grandfather. But one fine day he met with an enthusiastic young medico (how we wish he hadn't!) who speedily caused him to change his mind. Receiving pecuniary help from one of the Kings of Denmark, he began to study medicine, and in 1698 he went to Paris, where he devoted himself to the science of anatomy with remarkable zeal, being a pupil of Du Verney. Soon after he was induced by Bossuet to become a Catholic, and thus he lost the support of the King of Denmark. Having obtained his degree in 1705, he was elected, through the intercession of his former teachers, to the Professorship of Anatomy in the Academy of Sciences, and thenceforth became famous as a brilliant teacher and investigator. One of his pupils was the celebrated Haller. He died at the age of 91 in the year 1760.

Winslow's best work was done in the department of topographical anatomy, and his chief publication, entitled "Exposition Anatomique de la Structure du Corps Humain," embodied the results of thirty years' study. It was a very popular text-book for many years, and was translated into several languages. It was published in 1732, and dedicated to Helvetius. An English translation appeared the following year, from the pen of a Dr. G. Douglas, which included in a very laudatory preface some amusing critical remarks. The translator complained of the obscurity of the comparisons which the author had drawn in his anatomical descriptions. "I can see no necessity for supposing that every person who begins the study of anatomy is acquainted with architecture, fortification, joinery, carpenter's work, chemistry, &c." A little further on he found fault with the author's way of applying mathematical terms. "I shall not be surprised to hear that beginners are startled when they read of an irregular circle or square, of a fibre or a line transversely oblique, of a circular oval, &c."

It may be of interest to hear Winslow's original description of his foramen, though we do not recommend it for the Second Conjoint:—"The two omenta form one cavity, which opens into the cavity of the abdomen by one common orifice, situated near the commissure on the right side of the great omentum. Cet orifice est semilunaire ou demi-circulaire, et formé par l'union des deux ligamens membraneux, dont l'un attache au Foye le commencement du duodenum et le col de la vesicule biliaire, l'autre y attache la portion voisine du colon et s'étend jusqu' au pancreas. From thence arises an incurvated border, which surrounds the root of the lobulus, leaving an opening wide enough to admit the end of the finger. To discover this orifice of the omentum we need only raise a little the great lobe of the liver, and find out the root of the lobulus, and apply to it a large pipe wrapt round with cotton, wool, or tow, to hinder the regress of air. Then, if we blow gradually, the air will inflate the sides of the great omentum, and give it the appearance of a large bladder. To be sure of succeeding in this experiment, the two omenta must be in their natural state, and they must be handled very gently with the fingers first dipt in oil. It succeeds better in young, lean subjects, than in old or fat subjects."

APPOINTMENT.

The Queen's Hospital.—At a meeting of the General Committee, held on Tuesday last—the Rev. J. C. Blissard, M.A., in the chair—Dr. G. F. Crooke, Physician for Out-patients, and Lecturer on Practical Pathology at Queen's College, was appointed Pathologist to the Hospital.



SIR WILLIAM GULL.

[*From a Photograph by* JERRARD, *of Regent Street*].

Passim.

The portrait of Sir William Gull in to-day's issue has been reproduced from an excellent photograph by Jerrard. To the lengthy, though somewhat inaccurate, biographical notices which have appeared *passim*, there is little for us to add. His first association with Guy's was in a lay capacity—as an assistant to Mr. Stocker, afterwards he worked in the dispensary department, and then he began his brilliant professional career, the success of which should be a great encouragement to the steady, hard-working student.

We are very pleased to see that Guy's will be represented in the International Rugby Team on the 15th inst., in the person of W. G. Mitchell, and we hope he will do as brilliantly as in the North v. South. Our second round in the Inter-Hospital Ties comes off on Tuesday next against Bart's. Here's luck to the ball.

Some weeks ago a new test for acetone in the urine appeared in the Gazette, quoted from the *Medical Recorder*. The learned Chemists in the medical wards have informed us that this is none other than a gigantic fraud, and they demand an apology for causing them to waste so much time and temper. "Very sorry, couldn't help it; blind leading blind—ditch, &c."

Feeling anxious for our health at the thought of the approaching Second Conjoint, a correspondent sends us the following "certain remedy" for Insomnia, clipped from a local source:

"Get out of bed, stretch out the arms wide in horizontal position, and walk about until the muscles in the upper arm begin to ache; persevere till the pain begins to be severe; then put down your arms, jump into bed, and your troubles are gone, and you fall fast asleep to wake refreshed, at the proper hour."

The physiological explanation of this phenomenon will commend itself to many: "the muscular pressure on a ganglion in the upper arm controls the circulation in the brain." Nerve to the teres minor, eh?

So at last there is a chance of our learning fevers in a Fever Hospital, instead of round the Library fire. The best time suggested for this course is after finishing Medical Ward Clerk, and at least two months must be spent in this study, which is surely very reasonable.

The two letters we publish to-day on the burning question of the London University Charter, indicate some differences in opinion. Will any of our readers continue the discussion? It is sadly in need of light.

The histology classes for First Year men will begin on February 17. Students must provide themselves with a microscope and apparatus according to the printed notices posted in the Colonnade. In buying a microscope it is very important to select a good stand, so that high powers may be fitted to it afterwards, when they are required.

As the new appointments will be made next month, it is quite time to set about getting up the regulations and duties. But more of this in our next.

A young woman at Out-patients' tells House Surgeon she has'nt seen anything for three months. He takes her into the dark room and examines her eyes, but can't make anything out. Query, on which side is the blindness?

Epitaph for an amateur photographer: "His death was instantaneous."

Mrs. Gassaway: "I tell you, doctor, that I am sick, and you say all that I need is rest, and you haven't even looked at my tongue." Doctor: "I know that needs a rest without having to look at it."

At the Drug Store.—Customer: "Have you anything that will remove superfluous hair?" Druggist (quietly but with confidence): "Yes, sir, my wife."

PASS LIST.

CONJOINT BOARD.—FINAL EXAMINATION.

Surgery.

F. W. S. Davies
J. M. Gill
H. V. Hickman
D. T. Jones
H. B. Perkins
J. H. Prall
C. Spurrell.

Medicine.

T. F. Christal
F. W. S. Davies
E. B. Harris
D. T. Jones
H. V. Hickman
G. McGregor
H. B. Perkins
J. H. Prall
C. Spurrell
F. S. Wood
F. G. Vicars

Midwifery.

T. F. Christal
W. E. S. Cobb
F. W. S. Davies
E. B. Harris
H. V. Hickman
D. T. Jones
J. M. Gill
G. McGregor
H. B. Perkins
J. H. Prall
C. Spurrell
F. S. Wood

NOTICES.

CHAPEL SERVICES IN LENT.

The following have been specially arranged in the hope that they may prove useful to the Medical Staff and School:—

Thursdays, at 4.30 p.m.

Feb 20.—The Chaplain: "Parochial and other Charities which Doctors should help to manage."

Feb. 27.—The Rev. R. Thornton, D.D., Vicar of St. John's, Notting Hill: "Current Literature and its General Tendencies."

Mar. 6.—The Rev. Prebendary Leathes, D.D., Rector of Much Hadham, Herts: "The Need of Revelation in Practical Life."

Mar. 13.—The Rev. S. G. Scott, M.A., Rector of Woolwich: "The Moral and Social Mission of a Busy Doctor."

Mar. 20.—The Rev. C. D. Lawrence, M.A., Rector of Lowestoft, Governor of Guy's: "Week-day Religion."

Mar. 27.—The Rev. Prebendary Eyton, Rector of Upper Chelsea: "A Reasonable View of Sunday."

N.B.—Each service will last about half-an-hour, none will exceed 40 minutes. Gentlemen attending them are requested to occupy the chairs and seats on the ground floor only, leaving the galleries empty.

Tuesdays at 8 p.m.

Preachers:

Feb. 25, Mar. 4, 11: The Rev. A. Hamilton Baynes, Chaplain to the Archbishop of Canterbury.

Mar. 18, 25, April 1: The Rev. H. Wells, Vicar of S. Bartholomew's, Camberwell.

Sermons by Special Preachers have also been arranged for the Sunday evenings at 7 p.m.

NEW SCHEME OF APPOINTMENTS.

The following Table gives the Term of Office and the dates at which the various Students' Appointments begin under the New Scheme:—

Name of Appointment.	Term of Office.	Commencing.
House Physicians ...	... 6 months ...	Jan. 1, April 1, July 1, Oct. 1.
House Surgeons ...	... 6 ,, ...	Jan. 1, April 1, July 1, Oct. 1.
Obstetric Residents	... 2 ,, ...	The first day of every month.
Clinical Assistants ...	... 3 ,, ...	Jan. 1, April 1, July 1, Oct. 1.
Surgeons' Dressers	... 3 ,, ...	Feb. 1, May 1, Aug. 1, Nov. 1.
Dressers in the Eye Wards	4 ,, ...	Jan. 1, & every alternate month
Post-Mortem Clerks	... 2 ,, ...	The 1st day of every month.
Medical Ward Clerks	... 6 ,, ...	Jan. 1, April 1, July 1, Oct. 1.
Assistant Physicians' Clerks	3 ,, ...	Jan. 1, April 1, July 1, Oct. 1.
Assist. Surgeons' Dressers	3 ,, ...	Jan. 1, April 1, July 1, Oct. 1.
Surgical Ward Clerks	... 3 ,, ...	Jan. 1, April 1, July 1, Oct. 1.
Assistant Surgeons' Clerks	3 ,, ...	Jan. 1, April 1, July 1, Oct. 1.
Obst. Out-Patient Clerks ...	6 weeks ...	Jan. 15, Mch. 1, Apl. 15, June 1, July 15, Sep. 1, Oct. 15, Dec. 1.
Obstetric Ward Clerks	... 3 months ...	Mar. 1, June 1, Sep. 1, Dec. 1.
Extern Obstetric Assist.	... 1 ,, ...	The first day of every month.
Dental Surgeons' Dressers	2 ,, ...	The first day of every month.
Aural Surgeons' Dressers ...	2 ,, ...	Jan. 1, & every alternate month
Dressers in Throat Dept. ...	3 ,, ...	Jan. 1, April 1, July 1, Oct. 1.
Clerks in Electrical Dept. ...	2 ,, ...	The first day of every month.

TEMPORARY ARRANGEMENTS.

Dressers.—The appointments on this occasion will be for four months, beginning on April 1st and terminating on July 31st. They may be recommended by the Medical Council for a further period of three months on fresh application.

The following appointments will commence from April 1st, and are for a period of three months;—

Medical Ward Clerks. Surgical Ward Clerks.
Assist. Physician's Clerks. Assist. Surgeon's Dressers.
Assistant Surgeon's Clerks.

The duties of these appointments during the month of March will be shared by the present Clerks and Dressers, who are willing to serve for an extra month, and by such of the newly appointed Students as consent to come on duty a month before the date at which their appointment begins.

There is no alteration in the other Appointments, for which recommendations are made by the Medical Council.

Feb. 1st, 1890.

ANATOMY TIME-TABLE.

FELLOWSHIP AND M.B. CLASSES.
Tuesdays 10.30. Fridays 11.

SENIOR CLASSES (April).

Mr. Dunn—Mondays, Tuesdays, Wednesdays and Thursdays at 12.

Dr. Washbourn—Mondays, Tuesdays, Thursdays and Fridays at 3.

Mr. Targett—Mondays, Tuesdays and Thursdays at 11, and Wednesdays at 2.

SECOND YEAR CLASSES (April).

Mr. Dunn—Mondays, Tuesdays, Wednesdays and Thursdays at 11.

Dr. Washbourn—Tuesdays, Thursdays and Fridays at 2, and Wednesdays at 12.

Mr. Targett—Mondays, Tuesdays, Thursdays and Fridays at 12.

FIRST YEAR CLASSES (OSTEOLOGY).

Dr. Washbourn—Wednesdays and Fridays at 10.30.

Mr. Targett—Mondays and Thursdays at 10.30.

PHYSIOLOGY TIME-TABLE.

SENIOR CLASSES (April).

Mr. Tubby—Tuesdays and Fridays at 2 p.m.

SECOND YEAR CLASSES (April).

Mr. Starling—Tuesdays and Fridays at 10 a.m.

Mr. Tubby—Mondays and Wednesdays at 3 p.m.

FIRST YEAR CLASSES (Histology).

Mr. Tubby—Mondays, Thursdays, and Fridays at 3 p.m. and Saturdays at 10.45 a.m.

ROYAL COLLEGE OF PHYSICIANS.

LECTURES OF THE PRESENT YEAR

Will be delivered at the College, Pall Mall East, on each of the following Tuesdays and Thursdays, at Five o'clock.

Milroy Lectures: Dr. ARTHUR RANSOME, February 25th, 27th, March 4th, 6th, "Etiology and Prevention of Phthisis."

Goulstonian Lectures: Dr. G. NEWTON PITT, March 11th, 13th, 18th, "Cerebral Lesions."

Lumleian Lectures: Dr. HUGHLINGS JACKSON, March 20th, 25th, 27th, "On Convulsive Seizures."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

LECTURE ARRANGEMENTS FOR 1890,

(Lecture Hour, 5 o'clock p.m. precisely, each day.)

JOHN BLAND SUTTON, F.R.C.S., on "Morphology in relation to Pathology," on Monday, Wednesday and Friday, February 10th, 12th and 14th.

Professor BENJAMIN THOMPSON LOWNE, F.R.C.S., on "The Embryology and after-development of Insects," on Monday, Wednesday and Friday, February 17th, 19th and 21st.

Professor WILLIAM WATSON CHEYNE, F.R.C.S., on "The Etiology and Morbid Anatomy of Tubercular Diseases of Bones and Joints," on Monday, Wednesday and Friday, February 24th, 26th and 28th.

Professor CHARLES STEWART, M.R.C.S., on "Phosphorescent Organs and Colour in Nature," on Mondays, Wednesdays and Fridays, March 3rd, 5th, 7th, 10th, 12th, 14th, 17th, 19th and 21st.

THE DIAGNOSIS OF INTRACRANIAL LESIONS.

By J. T. J. MORRISON, M.A., B.C., F.R.C.S.

(The following account is taken from a very interesting article in the *Birmingham Medical Review* by our late House Surgeon Mr. J. T. J. Morrison).

We may say of brain surgery that it both constitutes the greatest achievement of our art in modern times, and furnishes an unanswerable demonstration of the truth of *la belle doctrine* of localisation. The newer physiology gave it birth, and provided its *raison d'être*. With the discovery of the physiological relations of the component parts of the brain, it became manifest that the symptoms of intracranial disease are determined to a much greater extent by the locality than by the nature of the lesion. The latter has an importance of its own which cannot be ignored; but its interest is relatively subordinate from a surgical point of view. Thus a solution of continuity of the motor pyramidal tract in any part of its course, whether occasioned by a neoplasm, an abscess, ischæmic softening, or hæmorrhage, is followed with almost mathematical certainty by paralysis on the opposite side of the body. In effect, then, disturbance of function is the clue that must be followed home in the quest for a diagnosis.

Aberration of function may display itself in one of three ways,—(1) *Diminution*, from slight impairment down to absolute loss; (2) *Exaltation*; and (3) *Perversion*. Broadly speaking, the lesions which produce such phenomena are of two kinds,—(*a*) Irritative or Discharging; (*b*) Destructive. I propose to consider the most conspicuous symptoms met with in clinical practice, with special regard to their localising value.

(A) MOTOR SYMPTOMS.—(*a*) *Spasm.*—(1) Clonic convulsions may be produced by increase of intracranial pressure, and are then of a general character, such as are exhibited in an ordinary epileptic seizure. With

these I am not at present concerned. Limited convulsions, known as Jacksonian epilepsy, are evoked by various forms of irritation of the motor cortical zone, whether arising from the osseous wall, enclosing membranes, or grey matter. The proximate cause of the convulsion is unstable tension of the ganglionic cells, issuing in an explosion or discharge of nervous energy, which is conducted by the fibres of the pyramidal tract to the nuclei of the nerves supplying the correlated muscles. The paroxysm in its onset is usually deliberate, and often unattended with loss of consciousness; and, moreover, it is differentiated with singular local exactness. Hence the high diagnostic value of Jacksonian epilepsy. The cycle of convulsion begins with twitching of one muscle or portion of muscle,—it may be of the eyelid, or face, or tongue, or a manual or pedal digit.

This is the signal symptom, which furnishes the clue to the precise situation of the lesion in the central (Rolandic) convolutions, and para-central lobule, of the opposite cerebral hemisphere. Convulsions beginning at the face point to irritation in the lower part of the motor region; when the hand is the starting point, the lesion involves the middle part; and the foot is similarly related to the upper part close to the longitudinal fissure. As the nervous discharge proceeds from the primary exploding cell to others immediately adjacent, other muscles become implicated in the fit; the sequence of implication being determined by the line of irritation exerted by the cortical lesion, and therefore possessing a localising value. Four degrees of extension may occur: (1) Unilateral convulsions not spreading beyond one segment of the body, *e.g.*, face, arm, or leg; (2) the whole of the unilateral muscles on one side implicated; (3) bilateral muscles of both sides involved, *e.g.*, thorax, and sometimes the opposite leg; and (4) general convulsions, including the opposite arm. The entire cycle may occupy a few seconds, or two or more minutes. A transient weakness, (post-convulsive paralysis), usually succeeds, and is attributable to exhaustion of the nerve-elements. Localised persistent paralysis, associated with convulsion of neighbouring muscles, has a high value, as indicating that at the focus of irritation the lesion has become modified into a destructive one.

(2) Chronic spasm—post-hemiplegic rigidity or contracture—indicates interruption of the motor centres, or of the tract between the cortex and the spinal cord; it may be in the centrum ovale, or internal capsule, or crus, or pons, or medulla. Its intracranial origin is evidenced by the preservation of electrical reactions in the paralysed muscles.

(*b*) *Paralysis.*—Hemiplegia due to organic brain disease indicates lesion of the motor centres or tract of the opposite hemisphere. When of the ordinary complete kind, the arm and leg are helpless, the lower part of the face and tongue also being paralysed, the latter deviating towards the paralysed side when protruded. This group of symptoms very frequently depends upon rupture of the lenticulo-striate artery, and consequent hæmorrhage into the corpus striatum. Irregular and alternate forms of hemiplegia indicate lesion of crus, pons, or medulla; *e.g.*, when face, arm, and leg are paralysed on side opposite the lesion, and muscles supplied by third nerve on the same side as the lesion.

Monoplegia of cerebral origin (as evidenced by electrical reactions), whilst not absolutely proving a cortical lesion, is highly suggestive of one. Its chief varieties are the *brachial*, *crural*, and *facio-lingual*, and they indicate respectively destructive lesions of the correlated cortical centres. Limited disease of this kind is a frequent result of vascular lesion of an autonomous area.

Paralysis of one or more cerebral nerves, due to disease in the region of the base of the brain, usually manifests its extra-nuclear origin by the characteristic atrophy and reaction of degeneration in the muscles.

Rhythmical tremor of paretic origin, occurring on attempts at voluntary movement, though a very ambiguous symptom, is met with in certain cases of pressure upon the pyramidal tract; notably when a cerebellar tumour presses upon the pons or medulla.

Motor aphasia, including loss of voluntary power to speak and to write, must, in the great majority of cases, be interpreted as the effect of lesion located in the left third frontal convolution. In left-handed persons the corresponding region of the right hemisphere is affected; as also in those who have recovered speech after destruction of the left motor speech centre.

(B) SENSORY SYMPTOMS.—In hemianæsthesia the side affected is that opposite the cerebral lesion. When complete and unattended with motor paralysis, it is almost certainly due to a non-cortical lesion; possibly in the "sensory cross-way," situated in the posterior part of the internal capsule, or in the tegmentum of the crus cerebri, or of the pons. When abrogation of the special senses is associated with the anæsthesia, the "sensory cross-way" is the seat of disease; assuming that hysteria has been eliminated.

Crossed anæsthesia of the face and limbs occurs only in lesions of the pons in the vicinity of the fifth nerve.

Visual aberrations of central origin may take the form of crossed amblyopia, or of hemianopia, or of mind-blindness. The first and third symptoms are associated, as was mentioned above, with disease of the angular gyrus in the parietal lobe; the second symptom occurs in occipital lesions, and especially in the region of the cuneus.

The localising value of deafness dependent on lesion situated in the posterior half of the opposite first temporo-sphenoidal convolution, has been alluded to earlier in the paper.

Percussion of the Skull occasionally affords help in making a diagnosis. A note may be thus elicited indicative of altered consistence of the intra-cranial contents; the only localising value of percussion of the skull, so far as I am aware, is in limiting an area of tenderness of the scalp.

Lesions of the bones and membranes acquire great importance from their relation to the subjacent cortex. Space will only permit of reference to laceration of the middle meningeal artery. The area of distribution of this vessel overlies the convolutions contiguous to the fissure of Rolando, and if blood be extravasated in this region, whether as a result of fracture, *contre-coup* or otherwise, pressure effects are exerted on the motor area. The chief points to be noticed in the diagnosis of middle meningeal hæmorrhage are:—(1) Interval of consciousness between the concussion following an injury to the head, and the appearance of paralysis and coma; (2) hemiplegia on the side opposite to the injury (isolated paralysis of the leg is never observed); (3) slowness and hardness of the pulse; (4) embarrassment of respiration, and stertor, associated with coma; (5) changes of the pupils: insensitiveness and dilatation indicate extreme compression; unilateral dilatation on the side of the injury is a most valuable sign, and points with considerable certainty to an extension of the clot towards the base, and consequent compression of the third nerve.

FALLACIES IN DIAGNOSIS.

It remains to point out certain fallacies which are liable to enter into our interpretation of the phenomena

of encephalic lesions. It is not too much to say that no other department of our profession more severely taxes the resources of the diagnostician. Many cases, indeed, present perplexities which baffle the most acute investigation, and in such we must be content, in the existing state of knowledge, to make an approximate diagnosis.

(*a*) The symptom may be "indirect," *i.e.* due to a lesion remote from the part whose function is disturbed. This may be produced in one of the following ways:—(1) Pressure, acting mechanically through a distance; (2) blocking of a nutrient vessel of the cortex by a tumour or other lesion at the base; (3) interruption of fibres connecting associated centres, as in the sensori-motor nexus of the speech apparatus.

(*b*) Reflex spasm, closely simulating central disease, may be met with. Monospasm, and even unilateral convulsions, have been caused by peripheral sources of irritation. A fibroma involving a nerve trunk in the palm produced fits of typically Jacksonian character, cure being effected by removal of the growth.

(*c*) A fallacy of rare occurrence is the existence of a cerebral lesion on the same side as the paralysis. This is not of any great practical importance, but still needs to be borne in mind. It is explained by non-decussation of the pyramidal tract in the medulla, an anatomical abnormality which has been reported by Flechsig and others.

(*d*) There may be multiple discrete lesions, though the symptoms are explicable on the hypothesis of a solitary and definitely located lesion.

(*e*) Hysteria and allied functional neuroses give rise to symptoms closely simulating the effects of coarse morbid processes. In the case of women, and especially where operation is contemplated, scrupulous care requires to be taken to eliminate this possible fallacy.

(*f*) Ocular defects, as hypermetropia, myopia, and astigmatism, are apt to produce, in addition to imperfect vision, headache, and even vomiting. There may thus, in such cases, be a superficial resemblance to the phenomena of cerebral tumour.

(*g*) Menière's disease, with its associated tinnitus, deafness, vertigo, and vomiting, is liable to be mistaken for lesion of the temporo-sphenoidal lobe, though actually due only to disturbance of the labyrinth.

(*h*) Anæmia, uræmia, plumbism, and other metallic poisonings, may be mistaken for intra-cranial disease.

(*i*) Lastly, it is well to remember that extensive mischief may exist without furnishing objective symptoms. In this class are included tumours of the frontal and occipital lobes, and of the cerebellum; generally of a soft, succulent nature, and forming so slowly that the nervous tissues are able to adapt themselves to the displacement, or pressure is relieved by thinning of the skull. Broadbent's hypothesis of the bilateral representation in the hemispheres of one-sided movements, which are habitually associated on the two sides, serves to explain why certain focal lesions elude localisation, the uninjured centre compensating for the lost function of its fellow.

As a model of scientific reasoning, leading to an accurate localisation and brilliant treatment, I may be allowed to quote verbally a case from the practice of the pioneer of modern cerebral surgery, Dr. Wm. Macewen*:—

"A patient exhibiting symptoms of cerebral abscess, had on the left side ptosis, stabile mydriasis, paresis of all the ocular muscles, with the exception of the external rectus, without external squint. On the right side paralysis of the facial muscles, which retained power of emotional expression to a slight degree, and the patient had power to close the right eyelid by an effort of will, though it remained partially opened during sleep. He had also paresis of the right arm, which, during the few hours he was under observation before operation, had amounted to distinct paralysis. The leg remained normal. There was no diminution of cutaneous sensibility. From these symptoms it was concluded that a single lesion must be large which could affect at once the third nerve it its course, and the lower half of the ascending convolutions. Second, it was clear it was not a destructive lesion of large size in the motor area, or the crural centre would probably have been involved, thus causing absolute hemiplegia. The same observation applies with greater force to the crus cerebri, which must be excluded as the effects of pressure would probably have led to more extensive involvement. Had the pressure even indirectly affected that area from without inwards, it would have implicated the parts in the reverse order—the leg first, the face last. The tentorium cerebelli would prevent pressure downwards on the pons. Third, the internal capsule could not be the seat of a large lesion, otherwise hemiplegia with destruction of "Charcot's cross-way" would have resulted. Fourth, though the whole trunk of the third nerve was involved, paresis was alone produced, probably resulting from a degree of pressure. Fifth, the lesion was gradually implicating the motor area from below upwards, and was probably occasioned by pressure and its consequences. The only place where a lesion could be situated, producing all these phenomena just to that precise degree, was the temporo-sphenoidal lobe. It was cut down upon and in the medullary substance of the temporo-sphenoidal lobe an abscess containing three ounces of pus was found, which was evacuated, when the whole of the above symptoms vanished. Three weeks afterwards the wound was looked at for the first time and found healed."

* *British Medical Journal*, 1888, vol. ii. p. 307.

"A VISION."

Before me Manhood's portals stood wide opened,
All eagerly I crossed the threshold bright,
Full of brave hopes and upward aspirations
Conscious of strength, and eager for the fight.

But as I pressed on ardently and gaily,
His angel stood before me in the way,
And to a couch of pain and sickness bore me,
To lie there many a weary night and day.

Long hopeless days with nights no slumber bringing,
Fevered and worn I prayed for Death's release,
All my proud strength I knew was gone for ever,
And longed that my now darkened life might cease:

But one Spring morning ere the world had wakened,
Through my wide lattice stole a soft sweet air,
While sleep her gentle pinions nestled o'er me,
And bore me unto Dreamland bright and fair:

And there methought a radiant presence met me—
"Fear not," he said "nor faint poor weary heart,
Though gone thy strength and dark the way before thee,
A guide I'll give who from thee ne'er shall part,"

She shall uphold thy weak and stumbling footsteps,
Though rough the road and dark the doubtful way,
Through dreariest day, and blackest night shall lead thee,
Shedding along thy path a cheering ray.

When griefs oppress thee, and thy heart is failing,
And life seems drear and Heaven far away,
Unfailing comfort shall she ever bring thee,
New hopes, new joys, new vigour day by day.

"Oh say," I cried, "who is this guide so blessed,
Where dwells she? in the realms above?"
The vision answered "Heaven *is* her *birthplace*,
But on earth she waits thee, and her name is Love.

P. L.

Sport.

INTER-HOSPITAL CHALLENGE CUP.

FIRST ROUND.

GUY'S v. LONDON.—The meeting of these hospitals at the Athletic Association Ground at Richmond on Thursday, Jan. 30th, produced a far better contest than had been witnessed in the two preceding games, and though the East-enders retired beaten, they were only defeated after a plucky fight. There was, as usual, a large and enthusiastic attendance of students, and not a movement of any note passed unrecognised. Guy's, with W. G. Mitchell and J. J. E. Biggs, were much stronger behind; their half-backs worked hard, and Swayne was a tower of strength forward. In the first portion, Biggs twice crossed the London goal-line, but Mitchell's place-kicks failed. A couple of minors were also obtained. On change of ends, the Cardiff three-quarter again got in, W. Bligh this time taking the place and landing a capital goal. Swayne was the next scorer, but Mitchell did not bring off a difficult place-kick. Burrell, however, a little later dropped a goal while on the run, a very fine performance. Cooper next got over, but was tackled by Lewis, and losing the ball in the maul, only a minor was registered. Towards the close the Londoners pressed severely, and after several scrummages almost on the goal-line Le Geyt gained a try, which Evans converted. Guy's thus won by two goals, three tries, and three minors, to one goal, or 83 points to 25. The following were the teams:—

GUY'S—J. Coleman (back), W. G. Mitchell, J. J. E. Biggs, J. W. Ensor (three-quarter-backs), H. Cooper, L. Burrell (half-backs), F. Swayne, N. Instone, W. L. Bligh, H. Wilks, T. G. Birdwood, M. Pilcher, T. G. Pantin, W. G. Rogers, and A. Sheen (forwards).

LONDON—W. J. Evans (back), F. G. Scott, G. E. Haydon, W. E. Cooke (three-quarter-backs), C. L. Jones, Pugh Jones (half-backs), P. A. Green (captain), J. H. Morton, E. Le Geyt, G. E. May, A. D. Howard, C. Rolfe, W. Bird, H. Rigby, and G. Lewis (forwards).

Referee: Mr. F. W. J. Goodhue (St. Thomas's Hospital).

ASSOCIATION FOOTBALL.

We have only to record two matches played during the last fortnight. The return match arranged with Clapham Rovers for Jan. 25th had to be abandoned as we were unable to raise a team.

GUY'S v. ROYAL SCHOOL OF MINES.

This match was played at Wimbledon on Wednesday, Jan. 2nd, in a gale of wind, and ended in favour of the Hospital by four goals to two. Only ten men turned up, moreover we noticed that one of our backs was extremely lazy or else very unwell, as he wandered aimlessly about the ground with his hands in his pockets. Guy's had by far the best of the game. Hibbard scored two of the goals, and Poole and Croneen did excellent work at half-back.

GUY'S 2ND XI. v. UNIVERSITY COLLEGE HOSPITAL 2ND XI.

Played at Raynes Park on Saturday, Feb. 1st. A considerable part of the ground was under water, and the ball——, the man that is responsible is very big, and "discretion, etc." That indefatigable back Forth joined the front ranks on this occasion, and did great havoc—five goals. "Our spectator," Clayton, arrayed himself for battle, and defended our citadel valiantly, as only nine players turned up. Mumford scored once. Result, 6—0 in favour of the Hospital. Hazell was especially conspicuous on the left wing, his forward play almost eclipsing his goal-keeping renown.

We are drawn against London Hospital for the Inter-Hospital Cup, the match will be played on Wednesday Feb. 12th.

Advertisements.

FURNISHED APARTMENTS, suitable for one or two students. Good bath. No children. Near railway station. Terms moderate.—Mrs. BYE, Northwood, Kent House Road, Beckenham.

WANTED.—A qualified Assistant in a good-class practice, about 20 miles from London, one with some experience requisite. Salary to a suitable man £100. Indoors.—Apply W. J. H., The Office, Guy's.

A QUALIFIED ASSISTANT required in Midland Counties, one able to visit, dispense and attend midwifery. Time for reading. Salary £40 a year indoors. Comfortable home.—H. G. C., The Office, Guy's.

WANTED TO PURCHASE a Share of from £500 to £800 in a good-class practice by a doubly-qualified Guy's man.—R. T. W., The Office, Guy's.

WANTED by an old Guy's man, an Assistant well up in Surgical work. Salary £150 outdoors.—T. H., The Office, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the Gazette *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

FEBRUARY 22, 1890.

CLINICAL LECTURE ON TWO CASES OF HYDROCELE.

By N. Davies-Colley, Esq., M.C.

Case I.

William B., æt 15, was admitted March 6th, 1889, with a right congenital hydrocele, the size of a hen's egg, which had been tapped several times in the out-patient department. It became decidedly less after lying down. Mr. Davies-Colley cut into the swelling under ether, and dissected away all the serous membrane from above the level of the globus major to the nternal abdominal ring. The boy went out well in 20 days.

Case II.

Was a rare form of infantile hydrocele with an abdominal diverticulum.

Ernest W., æt. 26, applied for admission on the 20th Nov., 1889, with a large scrotal swelling on the left side. This had begun 4 years before, when, as a cavalry soldier, he had hurt the parts by falling forwards upon the pommel of his saddle. A swelling formed, which had been tapped several times.

Since his discharge from the army he had worked as a labourer, and latterly he had had so much pain that he had left off work, and came to Guy's Hospital as an out-patient.

There was a large tense ovoid swelling, 6 inches long, fluid and translucent.

The peculiar feature of the case was a marked impulse on coughing.

This was at first considered to shew that he had a hernia filling up the left inguinal canal.

It was found, however, on careful examination, that the neck of the swelling was very little thicker than the ordinary size of the spermatic cord. Was it then a congenital hydrocele, with a patent canal allowing fluid to pass freely between the peritoneum and the tunica vaginalis? This was negatived by the fact that no diminution took place in the swelling when the patient lay down. It was found that there was some dulness for an inch or more above the inner half of Poupart's ligament, and when the testicular swelling was firmly pressed, it was observed that this dull area became very tense.

Distinct fluctuation could also be produced between this part of the abdomen and the scrotum. The diagnosis therefore was that the patient had an infantile hydrocele, with an abdominal diverticulum, or as it is sometimes termed, an hour-glass constriction.

On the 26th Nov., Mr. Davies-Colley laid it freely open under ether. He found that the lower part of the cavity was like that of an ordinary hydrocele, but that above the external abdominal ring a second cavity extended inwards into the pelvis. This cavity was separated by a very thin covering from the external iliac vessels which lay just behind it. It was 3½ inches from side to side, 1½ to 2 inches from above downwards, and 1 inch from before backwards. After letting out the serum from the sac, that part of the tunica vaginalis which lay between the external ring and the globus major was freely removed, care being taken to leave the cord intact. Below, some fine catgut sutures were put in to draw together the tunica vaginalis above the testicle. Above a drainage tube was left in the abdominal sac.

29th the tube was removed.

The wound, which was from the first treated antiseptically, healed rapidly with hardly any discharge, and the 20th December the patient went out well.

Remarks.—The first point essential in the diagnosis of a scrotal swelling is to make out whether it is connected with the abdomen by a small or large neck. If the former, as was the case in these two patients, the swelling may be almost certainly diagnosed to be connected with the testicle and not a hernia. There are however exceptions to this rule. Two cases were mentioned of boys who had been admitted into the hospital, with vomiting and some not very acute symptoms of strangulated intestine, which had been at first diagnosed as inflamed testicle on account of the small size of the cord connecting the swelling with the abdomen. Both proved to be cases of strangulated hernia, and in one the delay caused by the mistake in diagnosis was fatal.

After diagnosing the swelling to be scrotal, the next point is to ascertain whether it is translucent. To do this you should, in the first place, stretch the skin over the swelling so that it is perfectly smooth and tight, and in the second place, you should take care so to place the light that you look through the tense swelling alone, and not through the penis and the other testicle as well. If the swelling prove to be translucent it is some form of hydrocele.

After a few remarks about the ordinary vaginal hydrocele, Mr. Davies-Colley went on to speak of the congenital form, of which the first case was an example. If it does not soon disappear under the application of evaporating lotions, it is advisable to use a truss ; but much trouble may be avoided in some cases, such as that just related, by dissecting away the patent processus vaginalis, and so producing a radical cure. With careful asepsis the operation is practically free from danger.

Infantile hydroceles are those in which the vaginal process remains patent as far as the internal abdominal ring. In some cases the vaginal process shews a disposition to bulge in unusual directions, and so forms diverticula. This is not very infrequent in congenital hernia. In one case described this diverticulum was outside the external ring. During the operation for a strangulated hernia, it was found that there was a second sac at the side of the first one, and communicating with it by an aperture the size of a half-crown. In other cases the existence of an abdominal diverticulum gave rise to the peculiar condition called reduction of a hernia *en masse*.

The lecturer referred to some cases similar to the infantile hydrocele he had described, as recorded by Professor Humphry in the System of Surgery. In one the resemblance was the more striking, as the peculiar hydrocele, with an abdominal diverticulum, was due to the same cause, viz., a squeeze of the testicle against the pommel of the saddle.

An *encysted hydrocele* is a cyst connected with the testicle, but not in the tunica vaginalis. It should be carefully distinguished from an encysted hydrocele of the cord, which is usually only one small portion of the vaginal process distended with clear yellow serum. Encysted hydrocele, on the other hand, has clear watery contents, usually rendered slightly cloudy by the admixture of a small quantity of the secretion of the testicle. An example was given of an encysted hydrocele which had been recently dissected out from a man aged 72, without any inflammation in the adjacent tunica vaginalis, which was opened during the operation.

Lastly, we have the form of hydrocele due to the plugging of the neck of a hernial sac by omentum, and the subsequent effusion from the serous membrane. A case was related in which this followed rapidly upon a fall in a man aged 28. Symptoms of obstructed hernia came on.

A quantity of serum was drawn off from the sac, and a small irreducible omental hernia remained behind close to the external ring. After rest in bed, and ice bags, this was at last reduced.

AN INTERESTING NATURAL ORDER.

(SOLANACEÆ).

Few natural orders of plants contain so many members which are useful and interesting to mankind as the solanaceæ. It is interesting both from a general, medical and botanical standpoint. It contains plants of the most varied botanical and economical characters, as for instance the tobacco, potato, tomato, capsicum, nightshade, belladonna, henbane, mandrake, egg-apple and winter-cherry plants. The general chemical character of the plants of this order is that they are narcotic; a character more or less developed in the different plants or in different parts of the same plant. Taking them as above we have first:—

Tobacco with its generic name, *Nicotiana*. Tobacco is a handsome plant, generally from four to six feet high, with long (20 inches) viscid leaves, and pretty yellow or pinkish waxy funnel-shaped flowers. There were some good specimens near Museum III. in Kew Gardens, in 1889. Lord Harris, the great cricketer and ex-Secretary of State for War, cultivated it with some success at his estate in Kent, and it used to be grown in some parts of Ireland under the name of Oronooks and Negrohead (Johnston). A whole book might be written about tobacco alone. It is both grown and used in every hemisphere of the globe. In America it is (according to Johnston) grown in Canada, New Brunswick, United States, Mexico, Brazil, Cuba, Trinidad and the West Indian Islands. In Africa it is cultivated on the Red Sea and Mediterranean Coasts, Egypt, Algeria, Canaries, Cape of Good Hope and in the interior of the Continent. In Europe it forms an important agricultural product in Hungary, Germany, Flanders and France. In Asia it has spread over Turkey, Persia, India, Thibet, China, the Phillipine Islands, Java and Ceylon. It is also cultivated in Australia and New Zealand.

Tobacco appears to be a native of Tropical America, and it was undoubtedly the American variety that was introduced into Europe and many parts of the East. In China, however, there seems to be a separate indigenous plant, *N. Rustica*, and the use of the plant seems to be of great antiquity there. Meyen observes—that he has seen the very same tobacco pipes on very old sculptures as are still in use.

Tobacco was first brought to Europe by Francisco Hernandes, a physician sent by Phillip, 2nd of Spain, to Mexico, to investigate the products of that country. By the French Ambassador, Jean Nicot, seeds were sent to Catherine de Medici of France. From nicot, the generic name nicotiana is derived. To our own islands tobacco was brought from Virginia in 1586, by Sir Francis Drake, and the colonists of Sir Walter Raleigh, who was probably the first English smoker.

Tobacco is, next to salt, supposed to be the article most extensively used by mankind. Tea alone can compete with it. It is a splendid source of revenue to our own government, the duty on it being three shillings per pound, so that for a pound of tobacco which is worth in Kentucky fourpence, the English retail customer has to pay four shillings.

Thirty million pounds of tobacco were consumed in the United Kingdom in 1853, and the consumption is now far greater, the revenue from it in the same year being nearly four million seven hundred and fifty thousand pounds. This may afford some explanation of the problem—"Why are tobacconists allowed to remain open on Sunday?"

There are forty varieties, but only from eight to ten recognized species of tobacco, the chief being *Nicotiana Tabacum*, the large Virginian plant. *N. Rustica*, Eastern Thibet and Western China, &c. *N. Repandra*, which is said to furnish small Havannah cigars, *N. Persica*, Persian, *N. Syriaca*, Syrian tobacco. As regards the chemistry of smoking, one pound of tobacco contains from one to two grains of a nauseous volatile oil, and from two (in Havannah), to eight (in French) per cent. of a volatile alkaloid *nicotine*, $C_5H_7N_2$. A poisonous empyreumatic oil is also produced by the process of burning. This is supposed to be the juice of cursed Hebenon, mentioned in Hamlet, Act I., Scene v. One drop of this oil is said to cause instantaneous death in a snake, convulsions and death in two minutes in a cat. One drop of nicotine is sufficient to kill a dog. It is the most subtle vegetable poison known. Tobacco smoke should contain none of these poisons, but a number of volatile bodies, such as hyridine, C_5H_5N, picoline, C_6H_7N, lutidine, C_7H_9N, collidine, $C_8H_{11}N$ which have the same action as nicotine, but less severe.

As regards the action of tobacco, opinions are legion. Its influence appears to depend upon the kind of tobacco used, the way it is used (pipe, cigar, snuff, &c.), the constitution, natural temperament and even the nationality of the consumer. For instance, in New England, the moral argument is raised against its use, that it provokes thirst and leads to frequent intoxication, while in the East it is used as a substitute for alcohol. Mr. Crawford, who has seen much of Eastern life, thinks that it cannot be doubted, that tobacco must, to a certain extent, have contributed to the sobriety of both Asiatic and European nations. The greatest opposition has been offered in all countries to the introduction of tobacco. King James I., in our own land, published a book, entitled the "Counterblast" to tobacco, in which he states, that "some of the gentry bestow two or three hundred pounds a year upon this precious stink," an extravagant excess to which none but high-born undergraduates at Oxford and Cambridge would think of going now-a-days. The following choice passage also appears in his book—"Smoking is a custom loathsome to the eye,

hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black stinking fume thereof nearest resembling the horrible Stygian smoake of the pit that is bottomless." Very much opposed to the verdict of the pedantic monarch, are the eulogies of some great men of our times, such as Charles Kingsley and Edward Lytton Bulwer, one of whom writes "he who doth not smoke hath either known no great griefs, or refuseth himself the softest consolation next to that which comes from heaven. What, softer than woman? whispers the young reader. Young reader, woman teases as well as consoles. Woman makes half the sorrows which she boasts the privilege to sooth. Woman consoles as it is true while we are young and handsome; when we are old and ugly, woman snubs and scolds us. On the whole then, woman in this scale, the weed in that: Jupiter, hang out thy balance and weigh them both, and, if thou give thy preference to woman, all I can say is, the next time Juno ruffles thee, O, Jupiter, try the weed." In excess, tobacco causes chronic nicotism of the system. Cannibals will not eat the nicotised flesh of smokers. In great excess (17 or 18 pipes at a time), tobacco has been known to cause death by inhibition of the respiratory centre in the medulla oblongata. In moderation, there is no doubt, that in persons with whom it agrees, it produces pleasing cerebral excitement with feeling and true increase of muscular strength (*Bruce*), and a remarkably soothing and tranquilizing effect on the mind (*Pereira*).

The Potato—with generic name *Solanum*, is a humble plant with herbaceous stalk and entire pinnate leaves of a dingy green hue, small rotate purple or white corollas and large green berries, which latter as well as the leaves have slightly narcotic qualities. The tuber is of course the interesting part. Among the 600 species of *Solanum*, less than a dozen have the property of forming tubers. Botanically the tuber is a thickened subterranean branch, with eyes (buds) set at regular intervals as in an ordinary shoot. This is proved by the occurrence of the so-called fir-cone potatoes, which are elongated and set with scales at more or less regular intervals.

The potato was discovered by the Spaniards in the neighbourhood of Quito, Peru. It is said to have been introduced by Hieronymus Cardan, a monk, from Peru to Spain, and thence it passed into Italy and Belgium. Carl Sprengel states—that the potato was introduced from Santa Fé into England by Sir John Hawkins, in 1563, but Sir Joseph Banks states that this was the sweet potato (tuber of *Convolvulus Batatas*). More probably the common potato was brought from North Carolina and Virginia to Ireland in 1585-6, on the return of the colonists sent out by Sir Walter Raleigh, and first cultivated on Sir Walter's estate near Cork. It is first figured in Gerard's Herbal, 1597. Gerard speaks of it as differing from the "common" potato in shape, colour, and taste, the common potato being in his time the sweet potato, which would not now be spoken of as common. The potato is not a native of Virginia, but was introduced in consequence of the intercourse of the early settlers with the Spaniards, who derived the plant from Peru, or some other part of South America. Cultivation of it was urged by the Royal Society in 1663, but made at first but little progress, and not much more than 100 years have elapsed since its growth on a large scale became common. Out of twenty so-called species Mr. Baker considers but six to be really distinct, the others being either synonymous or trifling variations. The six admittedly tuber bearing varieties being *S. Tuberosum*, *S. Maglia*, *S. Cardiophyllum*, *S. Jamesii*, and *S. Oxycarpum*. Gardeners divide the tubers into rounded, and longforms or kidneys. "Lapstones" are more or less flattened, and "pebbles" are long potatoes, broader at one end than the other. There are generally about half a million of acres of potatoes under cultivation in Britain (562,344 in 1884). Each acre produces about five tons, and the commercial value of each year's crop ranges between 13 and 15 million pounds.

The potato disease caused by the Phycomycetous Fungus (*Peronospora Infestans*) which also attacks other solanaceous plants—Henbane, Bittersweet, Tomato, &c., and often causes a single grower to lose from £1000 to £1500 in bad seasons. The great potato famine occurred in Britain in 1845, and Berkeley in his famous essay wrote that the disease, named the "curl," had been known in Britain for more than half a century. In Ireland the famine carried off two million souls, the potato being consumed by the bulk of the Irish peasantry.

Potato diet is decidedly much more antiscorbutic than rice diet. Before the introduction of potatoes old works tell us that scurvy and other cutaneous diseases were far more prevalent than now. A potato diet is very fattening, and the fact that potatoes contain ·5 per cent. less gluten than rice, helps to explain the lesser protuberance of the stomachs of the potato-feeding Irish than those of the rice-feeding Hindoos.

The discoverers of the potato and the promoters of its culture ought undoubtedly to be ranked among the greatest benefactors of mankind.

A COMPLICATION OF PYÆMIA.

William B—, æt. 17, was admitted to the Bolton Infirmary on November 11th, 1889, suffering from periostitis of the right tibia; he was a strumous-looking lad, and not accustomed to the benefits of a good home. Pain and swelling had first been noticed a week previously, and no history of any injury could be obtained.

The day after admission an incision was made in the leg, and two days later, November 14th, a more extensive one under chloroform. On the 17th he complained of pain in the right shoulder, and a swelling was noticed below the clavicle; an exploring needle was introduced,

but only a drop of serum came away. On the 19th an incision was made below the middle of the clavicle, through the muscle, and still no pus found. The wound was kept open, and free suppuration first set in on December 1st; the swelling had been much more marked the day before.

The patient was by this time very ill, with the usual symptoms of pyæmia, and went from bad to worse till the end of the month. Several fresh incisions had to be made in the leg and knee joint, and various pressure sores were developed, the wound in the subclavian region continued to discharge large quantities of thin unhealthy pus, and the temperature remained high, 102° and 103°, with morning falls.

On January 2nd he seemed much brighter, the discharge from the leg was less in quantity, and the limb was resuming its normal proportions. From December 31st till the morning of January 4th the temperature did not rise above 99·6°, it then ran up again, and he suffered from very persistent diarrhœa. At about 4.30 p.m., on the 7th, there was pretty free hæmorrhage from the subclavian wound, this ceased on removal of the dressings, and an elastic swelling was noticed in the neighbourhood of the sterno-clavicular joint encroaching on the neck; hæmorrhage recurred at 10.30, when the sinus was stuffed; 8th, bowels very loose, blood in the motions: free hæmorrhage from the wound occurred twice during the day; 10th, hæmorrhage at intervals: the swelling has increased to a considerable size, and patient complains that it is pressing on his throat, and interfering with his breathing: probe passed into a large cavity, nothing escaped, however, but a few drops of blood. The boy is becoming exhausted, and his respiration is very rapid and shallow; 11th, the swelling has extended beyond the middle line, it is very elastic, no pulsation to be felt in it. Chloroform was administered, and the finger introduced into the wound; the sternal end of the clavicle was found to be quite free and rough from necrosis. On withdrawing the finger, a strong stream of blood gushed out; this was stopped by pressure over the clavicle, but not directly on the subclavian artery. Digital pressure was kept up from 11 a.m. till 7 p.m., when an abdominal tourniquet was applied directly over the wound, and the boy died at 8.20 from exhaustion. No blood had been lost since the examination in the morning.

At the post-mortem examination a large false aneurysm, with firm clot walls, was found occupying the subclavian space and reaching up over the upper edge of the sternum. The inner two-thirds of the clavicle were found to be quite free and devoid of periosteum, fracture having occurred at the junction with the outer third; this part of the bone was not necrosed to the end, and the acromio-clavicular and shoulder joints were in a normal condition. The cartilage on the sternal moiety of the joint was healthy, but there was none on the extremity of the clavicle, and the sharp point left in the under surface of this bone had pressed upon and ulcerated through the innominate artery close to its bifurcation, thus giving rise to the hæmorrhage. A considerable amount of new bone had been thrown out around the shaft of the clavicle, but this was bare at the time of death.

There is nothing worth recording concerning the rest of the body, except that no other secondary abscesses were found. E. C. K.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

THE NEW CHARTER FOR THE UNIVERSITY OF LONDON.

DEAR SIR,—It seems to me that neither of your correspondents on the above subject, in the last number of the GAZETTE, have sufficiently emphasized the fact that the University of London, if it is to continue to live at all, *must* apply for a new charter, and *must* lower some of its present standards. There is a distinct threat in the

Report lately issued by the "University of London Commission." It declares that a University of a different sort from that now existing is needed for the metropolis. It proceeds to claim that a sufficient time should be allowed to the present University to remodel its constitution; but it does not hesitate to hint that steps of a different character should be taken to meet the popular demands, if the existing University prove obdurate.

"To sign a petition urging the maintenance of the present standards and conditions associated" with all the degrees of the London University is, surely, a mere trifling with the question. Have Mr. Samways, and those who think with him, been at any pains to gauge the strength of the forces arrayed against them? From the tone of his letter it is evident, I fear, that Mr. Samways has forgotten the many thousands who are interested in this matter, and who do not belong to the Medical Profession.

It is, however, impossible not to sympathise with Mr. Samways' cause to some extent. Paragraph 51 (*d*)* of the New Scheme contemplates a manifest injustice to the present M.D.'s of the London University, and its spirit, if acted upon in all the faculties, will hinder the creation of an "intellectual aristocracy"—one of the chief functions of a University, in my opinion. It seems to me that the case will be met by a petition urging the maintenance, or even raising, of the present standards and conditions on which the doctors' degrees are granted in all faculties, and stating that the petitioners are prepared to welcome any change whereby the lowest degree in each faculty will be made more popular. In this way we shall certainly increase our influence in the educational world—I use the phrase in its broadest sense—while we shall also maintain the dignity of our "intellectual aristocracy" as we ought.—Yours very truly,

C. H. BOWDON.

DEAR SIR,—I am among those who have long thought that it was an injustice to the Metropolitan Schools of Medicine, that their students should not be able to obtain a local degree in medicine on more moderate terms than have been accorded by London University in the past. The sense of injustice arises from the fact that Universities exist in other parts of Great Britain which *do* grant such degrees.

I can call to mind many men of my own day who finished their course with the diplomas of the Colleges of Physicians and of Surgeons alone, and who, to say the least, were in no way inferior to others, who (whilst these were sticking to their clinical work at Guy's, and ultimately, perhaps, holding the highest appointments) flitted north for a certain period and returned with one or more degrees after their names.

I take it, that the demand for the reconstruction of London University has arisen chiefly from this sense of injustice to the Medical Schools of the Metropolis, and I heartily wish that it were possible for the London Colleges of Physicians and of Surgeons to grant such a degree, and thus to avoid the proposed changes in the London University, which may well be left to continue the work it has so well done in the past.

I know that it is said that such a degree-granting body ought to be a University consisting of many faculties and conferring a stamp of general culture with its specific degrees, but I see no reason why this *must* be so. I do not think that my friends who flitted north for their degrees, returned with any superiority in general culture over those who remained in London and simply took their diplomas. Indeed, in approaching the subject from the other side, I find Dr. Robert Barnes, in the *British Medical Journal* for February 1st, venturing so far as to say that, "From precise knowledge, I affirm that the great bulk of men who pass the examinations of the two London Colleges are as good in general, as well as in professional accomplishments, as the bulk of the graduates of London or Paris." I cannot help thinking that Dr. Barnes has here rather overstated the facts, in his anxiety to shew cause for the reconstruction of the London University, but enough remains to shew that the London Colleges would not be likely to neglect the question of general culture.

Surely, too, the study of medicine, involving as it does some knowledge of accessory science from physics up to psychology, is in itself a liberal education, especially when carried on in a centre of civilisation like London!—Yours, etc.,

M.D., LOND.

* 51 (*d*) "In the event of the establishment of a second examination for the degree of M.D., not requiring the the attainment of so high a standard as the present examination, the Senate should have power to confer on all existing M.D.'s of the University, and all who may hereafter pass the examination which will require the attainment of the higher standard, the right to describe themselves as M.D. with honours (M.D. Lond. honours), and on all existing M.B.'s the degree of M.D."

PASS LIST.

PRELIMINARY SCIENTIFIC M.B. LOND.

FIRST DIVISION.

S. P. James.

SECOND DIVISION.

F. J. H. Cann. A. Miller.

CHEMISTRY AND PHYSICS.

A. C. Hovenden. G. S. Hovenden.

BIOLOGY.

J. Robertson.

INTERMEDIATE M.B. LOND.

FIRST DIVISION.

C. E. Salter.

SECOND DIVISION.

W. Bligh. S. G. Floyd.

(EXCLUDING PHYSIOLOGY).

A. E. Tebb.

Passim.

It must be well known ere this that the opening of the new College will take place next month. The date is fixed for March 26th, and Mr. Gladstone, who is one of the Governors of the Hospital, has kindly consented to preside at the opening ceremony. Some of the rooms will be ready for occupation next week.

Though the lists are so small we heartily congratulate the favoured few who have passed the Preliminary Scientific and Intermediate M.B. examinations. Chemistry seems to have been the fatal subject this time. We notice that there are 413 candidates through the matriculation examination out of a possible 1,167. This means a "pluck" of 754, or nearly 65 per cent.

The attention of our mathematical readers is called to the following problem, which appears in the report of the Royal Commission:—

"Nearly 50 per cent. of the total number of candidates fail at matriculation; of those who, having matriculated, present themselves at the preliminary scientific, again nearly 50 per cent. fail; of those who, having passed the preliminary scientific, present themselves at the first M.B. examination, nearly 35 per cent. fail; and of those who finally become candidates for the M.B., 19 per cent. are rejected."

Query, how many students are required to make one M.B. London.

A few days since Mr. Jacobson ligatured the innominate and right carotid arteries for subclavian aneurysm by a new method. In a subsequent number we hope to give some account of the case. The latest report of the successful case of Cæsarian section by Sänger's method, which was performed by Dr. Horrocks, now some weeks ago, states that the mother and child are both in excellent health.

The Students' Calendars will be ready by the end of this month. The delay has been caused by the alteration in the dates of the appointments.

It was hard lines not being able to make a draw on Thursday, especially after such an exciting match. However we have nothing but praise for our team, who worked so nobly; and, judging from the cheering, St. Thomas' would say the same.

We congratulate Mr. W. S. Handley on his success at the Matriculation of the London University, being placed eighth in honours and entitled to an exhibition of fifteen pounds per annum tenable for two years. We heartily wish Mr. Handley a dintinguished career.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Three Lectures on "The Pathology of Tubercular Diseases of the Bones and Joints," by Professor William Watson Cheyne, F.R.C.S. The Lectures will be illustrated by numerous Lantern Slides from Photo-Micrographs, prepared and exhibited on the screen by Mr. Andrew Pringle.

Lecture I.—Monday, February 24th.

Meaning of the terms "tubercle" and "tubercular tissue." Structure of tubercles. "Tubercular infiltration." Essential elements in tubercular tissue. Origin of epithelioid and giant cells. Life history of tubercle; degenerative changes, infective properties. What are the tubercular diseases of bones and joints?

Changes in the Synovial Membrane.—Diffuse thickening of the synovial membrane; various types. Pendulous tubercular growths in the synovial membrane. Acute miliary tuberculosis of the synovial membrane. Tubercular hydrops and empyema of joints.

Lecture II.—Wednesday, February 26th.

Tubercular Changes in Bone.—Miliary tuberculosis of bone. Soft caseating deposits in bone. Tubercular deposits with sclerosis of bone and necrosis. Character of the part after recovery from tubercular disease of bone. Tubercular disease of the articular surfaces of the bone; (*a*) changes in the articular cartilage.

Lecture III.—Friday, February 28th.

Tubercular disease of the articular surfaces of bone (*continued*): (*b*) tubercular caries; various types. Caries sicca. Diffuse condensation of bone in connection with tubercular disease. Diffuse softening of bone. Tubercular periostitis and osteomyelitis. Pathology of chronic abscess.

(Should time permit specimens will be shown illustrating (*a*) the artificial production and (*b*) the spontaneous occurrence of these diseases in the lower animals).

UNIVERSITY OF LONDON.

PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION

INORGANIC CHEMISTRY.

1. What is understood by the term "dissociation" as distinguished from "decomposition? Illustrate your answer by reference to the manufacture of lime.

2. Describe the appearances produced in each of the following experiments and explain them:—

a. Ammonia gas is mixed with hydrogen chloride gas;

b. Chlorine water is added in successive portions to a solution of potassium iodide;

c. A cold solution of ferrous sulphate in water is mixed with strong nitric acid; the mixture is then heated to boiling.

2. Of the two chlorides of mercury one contains 26·3 per cent. of chlorine, the other 14·9 per cent. of chlorine. From these facts, *and without reference to formulæ*, deduce the law of multiply proportions.

4. Compare the behaviour of zinc oxide with that of red-lead (*a*) when heated alone, (*b*) when heated in hydrogen gas (*c*) when heated in hydrogen chloride gas.

5. In the classification of the elements in accordance with the Periodic Law certain elements are associated with nitrogen, with sodium, and with magnesium respectively. State the general characters of each of these groups.

6. What volume of air containing 21 per cent. of oxygen, measured at 20° and 760^{mm}, will be required to burn completely 10 grams of pure carbon?

INORGANIC CHEMISTRY.

1. Carefully describe the exact appearances presented by lime-water on passing carbon dioxide into it and on continuing to pass the gas into the liquid: also when separate portions of the liquid so treated are (*a*) boiled, (*b*) mixed with lime-water, (*c*) mixed with solution of ordinary washing soda.

2. What products are formed when sodium carbonate is melted with the addition of white sand or powdered flint? Describe the effect of dissolving the product in water, and gradually adding to the solution an excess of hydrochloric acid.

3. Describe the preparation of ordinary nitric and hydrochloric acids. Sketch the apparatus required and explain the chemical changes by equations.

4. How may the following compounds be obtained from metallic lead:—(*a*) litharge, (*b*) red lead, (*c*) lead nitrate, (*d*) lead sulphide?

5. Describe the chemical and chief physical characters of the two common modifications of phosphorus.

6. Compare the behaviour of the following metals when heated in air, in water at different temperatures, and towards acids:—

Magnesium, iron, copper, platinum.

EXPERIMENTAL PHYSICS.

1. Distinguish between the solid, liquid, and gaseous states of matter, and describe two cases, in one of which the transition from one state to the other is sudden, while in the second it is gradual.

2. Mention the principal transmutations of energy which occur when a man runs upstairs and then down again.

3. What is meant by the diffusion of a gas? Describe an experiment to show that a light gas diffuses through a given membrane more rapidly than a heavier one.

4. Distinguish between the intensity, pitch, and quality of a sound. How does a noise differ from a musical note?

5. Explain the formation of nodes and loops in the vibration of a column of air. What is the relation between the wave length of a note of given pitch and the density in different gases at the same pressure?

6. Describe the construction of some form of (*a*) maximum, (*b*) minimum thermometer?

7. The coefficient of linear expansion of iron is ·0000117. How much must the temperature of a block of iron be raised, in order that it may increase 1% in volume?

8. A number of rods of various substances of the same size are coated with wax and have their ends exposed to the same high temperature. What observations would you make to compare the conductivities for heat of the rods.

EXPERIMENTAL PHYSICS.

1. Distinguish between a magnet and a magnetic substance, and describe how you would investigate whether a given body were either the one or the other.

2. How can it be shown that the whole quantity of electrification induced by a given charge is equal and opposite to the inducing charge?

3. Describe (*a*) Daniell's, and (*b*) either Grove's or Bunsen's cells, explaining, in each case, the uses of the various parts.

4. What experiments would you employ to prove that the magnetic force produced by an electric current is proportional to the current, while the heat generated is proportional to the square of the current?

5. State the laws of electro-magnetic induction. A coil of wire is moved, at first rapidly and then slowly, near a permanent magnet. Distinguish carefully between the currents induced in it in each case.

6. What is meant by the candle-power of a gas flame, and what experiments would you make to determine it?

7. Draw a figure showing the position of the image and the path of the rays by which an eye sees a candle after reflection at each of two mirrors.

8. Why does a short-sighted person use a concave lens? The focal length of such a lens is 6 inches, and a small object is placed 18 inches from the lens; draw a figure showing the path of the rays by which the image is formed and determine its position.

GENERAL BIOLOGY.

BOTANY.

1. (*a*) Classify the members of a typical angiospermic plant.
   (*b*) How may the members of these different classes be distinguished?
   (*c*) What is the leading function of each?
2. Describe briefly:—
   (*a*) The vascular system of any fern.
   (*b*) The disposition of the component tissues of one bundle as seen in transverse section.
   (*c*) The function of the different tissues.
   (*d*) The structure of one of the scalariform tracheides.
   (*e*) The structure of one of the sieve tubes.
3. (*a*) Make a detailed drawing of a single cell of Spirogyra, naming the different parts of it.
   (*b*) What is the habitat of Spirogyra?
   (*c*) How does it nourish itself?
   (*d*) How is it propagated?
4. (*a*) What is a pollen grain?
   (*b*) In what classes of plants do pollen grains occur?
   (*c*) What is the function of a pollen grain?
   (*d*) How is that function performed?

ZOOLOGY.

1. Give an account, illustrated by diagramatic sketches of the histological elements found in the blood of (*a*) the rabbit, (*b*) the frog, (*c*) the crayfish. (*d*) What is the function of the blood in these animals? (*e*) Describe the course of the circulation of the blood in each case.

2. Give an account of the structure of (*a*) Hydra and (*b*) Vorticella. Point out in what respects these two animals differ essentially from one another as regards (*c*) their adult structure, and (*d*) their methods of reproduction. Illustrate your answer with diagrams.

3. Draw diagrams, with the parts named, of the alimentary canal and the principal glands connected with it, in (*a*) the rabbit, (*b*) the frog, (*c*) the earthworm. Describe the mode of formation of the hypoblast in (*d*) the frog, and (*e*) the fowl.

PRACTICAL BIOLOGY.

ZOOLOGY.

1. In the Frog provided, dissect out the heart, the aortic arches, and the dorsal aorta as far as its terminal bifurcation. Mark, with needles and flag-labels, the carotid gland, the systemic arch, the pulmonary artery, and the terminal bifurcation of the dorsal aorta.

2. make a dissection of the Helix provided, and mark, with needles and flag-labels, the renal organ, the ventricle of the heart, the sack of the odontophore, and the hermaphrodite gland.

3. Remove and demonstrate to the examiners an ovary of the earthworm provided.

4. Identify and leave a descriptive drawing of *A*, *B*, *C*.

BOTANY.

1. Dissect the flower A, and arrange its parts on cork, so as to show the floral diagram, and indicating clearly the position of the antero-posterior plane.

2. On the transverse section of the stem B, mark, by means of flag-labels, a medullary ray, the phlöem, the alburnum, and the duramen.

3. In the shoot C, indicate the various parts, giving reasons for the names you append to them.

4. Cut a transverse section of the leaf D, and leave it so that the dot on the eye-piece covers the pore of a stoma.

NOTES FROM THE DISPENSARY.

LISTER'S DOUBLE CYANIDE OF MERCURY AND ZINC.—Some months ago Sir Joseph Lister drew attention to the remarkable power of a new antiseptic preparation applicable for surgical dressings. It was supposed to be a compound of mercuric cyanide with zinc cyanide, but according to the result of an investigation of this substance in the research laboratory of the Pharmaceutical Society, it appears that it is not a double compound, but rather a mechanical association of zinc and mercury cyanides in such a manner that the mercuric cyanide is no longer soluble in cold water. It is owing to the peculiar condition in which the mercuric cyanide exists in this preparation, that the new antiseptic material is valuable for application in surgical dressings as a preventive of bacterial development.

The double cyanide gauze is not used at present to a very great extent at Guy's. The double cyanide powder is employed in some of the surgical wards instead of iodoform.

STRONG SULPHURIC ACID AS A CAUSTIC.—Mr. Howse has used lately strong sulphuric acid for the purpose of destroying morbid growths. It is applied by means of asbestos. The following is the method of preparing the application:—A wide-mouthed stoppered bottle is half filled with asbestos wool, and upon this is poured the strong acid drop by drop, the asbestos being constantly stirred with a glass rod, until a somewhat pasty mass is formed, from which the acid can be made to exude by pressure with the rod. It is necessary to keep the asbestos paste protected from the air, as the acid rapidly absorbs moisture.

A NEW PROCESS FOR THE DETECTION OF MERCURY IN THE URINE (*Journal de Pharmacie, Février, 1890. 59*). A small strip of copper is placed in 50 c.c. of the urine, which has been previously made slightly acid by the addition of H Cl. The whole is then shaken violently, and the strip of copper afterwards well washed with water. The metal is then placed in a small glass dish, together with a piece of porcelain upon which is a drop of a 1 per cent. solution of terchloride of gold. The whole is covered with a watch glass, and gently heated on a water bath. The urine, if it contains mercury, reduces the gold chloride, and there can be seen on the

piece of porcelain lines, stains, or blue rings of metallic gold. It is said that by this process the presence of $\frac{1}{10}$th of a milligramme of mercury in 1,000 c.c. of urine can be detected. Urine, from which mercury is absent, does not give this reaction.

Unpublished Guy's Formulæ (*continued*)—

Mistura Ferri cum Strychnina.

℞ Liq. Ferri Perchlor. ♏ xx.
Liq. Strych. Hyd. ♏ v.
Aq. Chloroformi ad ʒj. M.

Mistura Arsenii et Hydrargyri Iodidi.

℞ Liq. Arsenii et Hyd. Iodid. ♏ xv.
Inf. Quassiæ ad ʒj. M.

Mistura Ferri cum Quinina.

℞ Ferri Sulph. gr. iij.
Quin. Sulph. gr. ij.
Acid Sulph. Dil. ♏ xv.
Aq. Chloroformi ad ʒj. M.

H. COLLIER.

Hospital News.

INTERESTING CASES.

Cornelius	14	Gunshot wound of shoulder. Excision.
Lydia	4	Contracted joints.
	10	Double Pes cavus.
	13	Sinus in loin. Renal?
Martha	4	Abdominal tumour.
	15	Dermoid ovarian cyst.
Job	11	Hydrocele of cord.
	7	Psoas abscess.
	21	Popliteal aneurism.
Charity	4	Genu valgum.
	20	Epulis.
Philip	3	Ascites. Cirrhosis of liver.
	7	Phthisis. Paraplegia.
	9	Cerebral tumour. Optic neuritis.
	12	Cavitation, left base.
	13	Insular sclerosis.
	31	Ocular paralysis.
	15	Syphiloderm.
	16	Paraplegia, cause?
	18	Thoracic aneurism.
	19	Peripheral neuritis.
	20	Pseudo-hypertrophic paralysis.
	21	Obstruction of inferior vena cava.
	25	Pachymeningitis spinalis.
	30	Myelitis with descending sclerosis.
	39	Right hemiplegia; aphasia; mitral stenosis
Stephen.	3	Right hemiplegia; aphasia.
	7	Aortic regurgitation; mitral stenosis.
	8	Aortic regurgitation.
	11	Phthisis, with laryngitis.
	19	Tubercular peritonitis. Empyema.
	21	Thomsen's disease.
	33	Phthisis; pneumothorax.
	39	Acute Nephritis.

MENTAL DISEASES.

By Dr. Goodall.

(Continued.)

By the term monomania of suspicion of unseen agencies, or delirium of persecution, a common variety of delusional insanity is denoted. Its commencement is naturally more evident in some people than in others. When a man has had a character for being suspicious for searching out reasons and motives, and discrediting his fellow man generally, we shall not be greatly struck by what appears to be a mere exaggeration of his natural demeanour. Perhaps, most persons of education have such a disposition—but in simple folk we cannot fail to recognise the tendency to enquire and explain as alien and remarkable. In any case, a stage is shortly reached which is undoubtedly morbid. It may be that the person affected has been deprived of one or more senses, whereby his conception of his relationship to those around has become altogether perverted. Be this the case or not, he becomes painfully ready to construe the trivial and usually un-noticed events of daily life. He hears a neighbour cough or whisper, and believes these actions to be full of significance to himself. Has a preacher the habit of dropping terminations? This is done on purpose and with special intent to annoy him. Foot passengers in his rear are tracking him: people in the theatre point him out. A vacant place or change of place at table is sure to be observed, and the observation misconstrued. Roman Catholics, friends or attendants, are likely to be regarded as the framers of a plot: they suggest priestcraft, popery and jesuitical subtlety. The patient believes in a conspiracy to keep him under: that he is watched by detectives. In the stillness of night he lies intently listening; the whisperings and remarks that annoyed him by day have left their impress: his state is one of expectant attention, and thus it is not strange that in the overwrought organ of hearing such

impressions should be, as it were, revived, at first in faintest echo, until, with increasing intensity, comes the fully-developed hallucination. The patient holds aloof, or may violently attack those whom he believes to be implicated in the plot. The aspect is often suspicious in the extreme, and there are occasional outbursts of impotent frenzy in which the unhappy patient, oppressed beyond endurance by the malignity of his enemies, is loud in threats, and clamours for revenge. The question he has all along asked himself—"why this persecution"—at length finds an answer. It is because he is an important personage whom it is necessary for weighty persons—religious, political, or other, to suppress. He acquires ideas of *grandeur*, to which expression is often first given in a moment of ungovernable anger, such as I just now spoke of; and thus he betrays himself. The prognosis when the idea of importance has developed itself is decidedly bad: for such belief is not a thing of sudden origin—no stray suggestion of a riotous imagination, as in mania, or mere outcome of a general sense of well being and capability, as in general paralysis; but a conviction gradually and deliberately arrived at, and as such likely to be cherished. In concluding this notice of the delusions of persecution I may say that I saw yesterday in the Asylum a case in a boy only 13 years of age. His aspect is like that of a child awakening from an attack of "night-horror." There is a complete refusal of food, with restlessness; and ideas of hell terrify him. This is rare.

I now arrive at the disorders originating in alcoholic excess. No doubt the rôle of spirituous liquor is important and prominent: it has, to say the least of it, been dwelt upon with emphasis. As you are doubtless prepared to hear, reformers are in evidence in this speciality of insanity as in all other branches of the profession: they are in quality as least as ardent as the spirit they condemn. Reform is for the most part fired by enthusiasm, and the enthusiast is almost of necessity an exaggerator. We often find in Asylum Reports alcoholic excess mentioned as the effective cause of mental disorder in a particular case, and the sum-total of such cases is an imposing feature of the statistical return. This latter in itself being of but little worth, one is the less disposed to cavil at a particular feature in it. What is excess in a given case: and was excess the cause rather than an early symptom of the disorder? This question is of particular importance in a case of general paralysis. We also require to know the patient's history as fully as possible, to exclude other possible causes; and if the narrator be himself a reformer and we ourselves are prone to believe, then doubtless we shall arrive at the conclusion that alcohol is the cause. But, as a proverb quoted by Sydenham tersely puts it—"Drink wine, and have the gout; do not drink wine, and have the gout." The words apply here. Still, as he observes later, wine is decidedly harmful—that is, an efficient cause. And the same must be remembered in the case of insanity. (*To be continued*).

Sport.

RUGBY.

GUY'S v. ST. BARTHOLOMEWS.

This, our second match in the Inter-Hospital Rugby Cup Ties, was played on Tuesday, 11th inst., at Richmond, and it produced a wonderfully close and exciting struggle, the game being anybody's right up to the call of time, with the score one goal each.

Barts started with a stiff wind in their teeth, and it was soon apparent that we were to have a hot game. Our forwards had to meet a very good lot, and we had none the best of the tight scrums; but directly the ball got a little loose, we were in our element, and frequently cleared our lines in grand fashion. When the ball came out Mitchel in the centre fed his wing man well, but his passes to Ensor seemed to have a knack of catching the wind and going forward, just when we looked like scoring, and on the other wing Biggs did not handle the ball or get away with it in anything like his wonted fashion.

In the first half, after a deal of hard scrimmaging and occasional work by our backs, we were awarded a penalty-

kick, and Mitchell placed the ball for Bligh between the half-way and twenty-five flags close to the touch-line. From this position Bligh landed a magnificent goal, the ball going beautifully high up between the posts. This was our only major point. We had to touch down from the kick-off, but soon afterwards Cooper and Ensor, playing into each others hands splendidly, went right up the field, and the latter was only tackled right on the goal-line. Here our three-quarters frequently had the ball in their hands, but the passing was not good enough to score.

In the second half Barts brought off some good combined attacks, and were several times dangerously near our lines; Cooper, Mitchell and Coleman, however, were thereabouts in time to save disaster. Barts now, in their turn, were given a penalty-kick, and curiously enough, on the same spot as ours in the first half, and with precisely the same result—a goal. Play became fast and furious, when Biggs got well away; he went along in grand fashion, till he was pulled up just on the wrong side of the line. No further major point was scored, and the game thus ended in a draw, both teams to go into the next round of the competition.

Coleman was very safe and plucky at full-back, and played a decidedly good game. The passing of our three-quarters was not sufficiently precise or well-timed to beat our opponents' defence. Ensor had few chances, but Mitchell and Biggs had plenty to do, as they were well fed by the half-backs; Mitchell did a tremendous amount of defensive work. Cooper was in rare form, and did work enough for two; he was probably the best man in the field. Burrell should have been playing alongside him. The forwards individually were splendid, but the combination was a little weak, and their tackling not as clean or sure as it should be.

The following was the team:—Coleman (full-back), Biggs, Mitchell, Ensor (three-quarter-backs), Cooper and James (half-backs), Allport (captain), Swayne, Wilks, Pilcher, Instone, Bligh, Rogers, Sheen, and Pantin (forwards).

GUY'S v. ST. THOMAS'S HOSPITAL.

On Thursday we met our old opponents in the semi-final round of the Cup Ties, at Richmond, in dull and miserable weather.

The fearful score of 80 points or so that Thomas's were to pile up against us proved to be a myth, and, as everyone knows, we were only beaten by a goal scored in the last two minutes of the game. The dissatisfaction and half-heartedness only too apparent in the Bart's match had quite disappeared, and given place to the greatest dash and enthusiasm.

Certainly we had to play on the defensive for the greater part of the game, and only once in each half did we appear to have any chance of scoring; this amounts to saying that Thomas's were the better team, and they certainly were. Their forwards were far too heavy for us; time after time they ran over our men in the most pitiable way, and it was only our brilliant defence which baffled their attempts to break through.

We were heavily handicapped, as early in the game Coleman had to retire hurt, and Birdwood dropped back to take his place. Everyone was sorry to see Coleman injured—he is far too plucky for his size.

In the first half Thomas's scored three minors by long kicking from their three-quarter-backs, and in their second half—but not until the last ten minutes of the game—they registered two more, which gave them a lead of five points, the minimum on which they could claim a victory. We worked all we knew to reduce their lead, and were deservedly rewarded by a minor from a huge kick of Mitchell's. Only a few minutes to the call of time the game in Thomas's quarters looked as if we must make a draw of it; but their forwards came right down the field with a terrible rush, and carried everything before them, till they were right underneath our goal posts and had scored a try. They easily kicked the goal, and so won a grand game by one goal and five minors to one minor.

Mitchell and Cooper were both magnificent, it was a grand sight to see the way in which these two men got their side out of continual difficulties, even the St. Thomas section of the crowd was forced to applaud them. Mitchell's kicking and collaring and Cooper's defence and rushes were worth going any distance to see. Biggs too, was in very good form, and he put in a deal of very fine defensive play. He evidently had a mission—Bromet—and he did it well. Ensor again had not much to do, but he looked after Hanwell diligently, he picked up well and saved several ugly rushes. Burrell worked hard and was usually too quick for his opposing half-back. Of the forwards who had the brunt of the game nothing but praise can be spoken, they deserve special credit, playing as they did without such a useful man as Birdwood, and against a pack already far too heavy for them. Instone, Wilks and Sheen were, perhaps, the shining lights.

Birth.

CAMPBELL.—On February 8th, at Kirkstall Road, Streatham Hill, the wife of Henry Johnstone Campbell, M.B., of a daughter.

Marriage.

LARKING—FINN.—On January 29th, at All Saints' Church, Lydd, Kent, Arthur Ernest Larking, M.D., of Chesham, Bucks, to Florence Jane, youngest daughter of Edwin Finn, of Elm Grove, Lydd.

Advertisements.

FURNISHED APARTMENTS, suitable for one or two students. Good bath. No children. Near railway station. Terms moderate.—Mrs. BYE, Northwood, Kent House Road, Beckenham.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the Gazette *for 1889 bound, should leave them with the Librarian as soon as possible.*

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The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

MARCH 8, 1890.

CLINICAL LECTURE BY Dr. F. TAYLOR.

(Notes by A. S. Wohlmann.)

On Jan. 13th, Arthur B., a boy of twelve, was admitted into John with abdominal pain and wasting.

He had previously enjoyed good health, never having been troubled with any diseases other than measles and whooping-cough. The present illness began on Jan. 7th with nausea and loss of appetite, soon followed by vomiting and pain in the abdomen, while the bowels remained obstinately constipated.

The symptoms were at first set down to influenza, but on the 13th the abdominal symptoms continuing, and an enema proving ineffectual, the patient was brought up to the hospital. He was put to bed, with hot fomentations to the abdomen, and kept on milk diet.

The presence of pain, vomiting, and constipation looked like intestinal obstruction, but the face seemed hardly sunken enough—the anxious expression was wanting.

The diagnosis lay between typhoid fever and peritonitis; but the absence of enlarged spleen or rash rendered the former improbable. It was noticed that the pulse was "very jerky, full, but easily compressible," and a sphygmographic tracing taken on Jan. 15th shews, when viewed with the light of subsequent events, a typical "aortic pulse." But as it was expressly noted at the time that the heart was not enlarged, and that the cardiac sounds were normal, the condition of the pulse was referred to the general state of illness.

On the 15th the patient passed two normal motions, and, from that time, the abdominal symptoms continued steadily to subside. The temperature however remained slightly raised, and the patient complained once or twice of pain in the shoulder. On the 20th, however, entirely fresh symptoms were observed. The abdominal pain had ceased, but the boy looked pale and ill, and his temperature remained raised.

On listening over the aortic area a loud to-and-fro murmur was heard, the diastolic portion being traceable down the apex, which was now beating in the 6th space outside the nipple-line, and into the axilla. Then it was that, on feeling the wrist, the pulse was recognised as characteristic of aortic disease.

This condition, apparently developing so suddenly, and coupled with the raised temperature, caused some suspicion of ulcerative endocarditis: but for this the patient hardly seemed ill enough, and ultimately the temperature subsided.

Some of the features of aortic disease were well shewn in this case.

1. The Pulse.—A great deal has been made of the pulse in aortic incompetence, and various names have been given, some intended to convey the idea of the sudden fall of the pulse-wave, others of both the sudden rise and the sudden fall, as:—collapsing, or refluent, and again splashing, kicking, and water-hammer.

This pulse, though characteristic of aortic incompetence, is not pathognomonic. It is marked by a sudden rise, and, still more, by a *sudden fall;* the former being due to the hypertrophied left ventricle pumping into a lax arterial system, the latter to the regurgitation through the semilunar valves.

A somewhat similar pulse is met with in *collapse*, where we have lax arteries, little blood in them, and a quick systole. In both conditions the pulse may be monocrotic, but whereas in the aortic pulse-tracing, as registered by the sphygmograph, the up-stroke is vertical, or even *slopes backwards*, in the feeble pulse of collapse the up-stroke generally slopes forwards. This backward slope is typically shewn in the tracing taken on Jan. 15th, as well as in the subsequent tracings.

2. Capillary pulsation was also found to be well-marked. This symptom is usually sought by rubbing the skin of the forehead, so as to create a localized red blush, which widens and narrows at each beat of the heart.

Although the patient had marked aortic incompetence, no capillary pulsation could be detected by this method.

A much better plan, which in this case was found to answer admirably, is to press a glass slide down on to the mucous membrane of the everted lower lip, or on to the lobule of the ear, when, by adjusting the pressure, one can obtain a vascular patch, sharply defined by a surrounding pale evascular zone, rendering the pulsation at the edge of the patch readily observable.

3. Another interesting phenomenon, which so often is observed by the German physicians, was a to-and-fro bruit in the femoral artery. This is not the cardiac murmur transmitted down the vessel, for it is obtained only on pressing the stethoscope firmly on to the artery so as to diminish its calibre at one spot. In a healthy individual such pressure over an artery gives rise to a systolic bruit by creating a "fluid vein," but when there is aortic regurgitation the direction of the blood current is reversed at the end of each systole, and a "fluid vein" in the opposite direction is the result, causing a diastolic bruit.

4. Visible pulsation in the retinal arteries, sometimes to be seen in aortic disease, was not satisfactorily made out.

Two questions are suggested by this case:—Why did the aortic disease develop? and how long had it lasted when first observed?

Atheroma and endocarditis, the usual causes of aortic incompetence, seem excluded, the one by the age of the patient, the other by the absence of any history of rheumatism, chorea, or scarlet fever.

In this connection it has been suggested that the pain in the shoulder, accompanied by unexplained pyrexia, complained of by the patient a few days before the bruit was heard, may have really been an attack of sub-acute rheumatism, but this seems improbable; and, even granted the rheumatism, the endocarditis must have developed with extraordinary rapidity.

As to the other question, are we to suppose that the aortic disease only began when the bruit was first heard, or may it not have been of earlier date, the bruit being inaudible when the patient was admitted?

Surely this latter view appears the more probable, especially when bearing in mind the character of the pulse-tracing which was taken on admission, while, with the feebly acting pulse of collapse the diastolic bruit may not have been evident.

Another case illustrating the effects of cardiac disease upon the circulation was that of a man in No. 2 clinical, who was suffering from aortic and mitral disease of an ordinary type. He had, as a result, a moderately well marked pulsation of the liver. This organ could be felt beating 3 in. to the right of the middle line, and 2 in. below the ribs.

A pulsation at this spot might be regarded as arising from:—

1. The impulse of a hypertrophied heart.
2. The pulsation of the abdominal aorta.
3. The pulsation of the inferior vena cava communicated to the liver.
4. The pulsation of the hepatic veins in the liver itself.

A sphygmographic tracing, taken from the surface of the liver, was typically venous, shewing a break in the up-stroke (anacrotic) and an unbroken line of descent; and this excluded at once the first two causes from consideration.

Pulsation of the inferior vena cava is said to have been observed in animals under such circumstances as the present, but it is not clear whether it can be so powerful as to raise up a liver, engorged to much more than its normal size.

That the pulsation is in the liver itself is sometimes proved by feeling it expand backwards and forwards at the same time.

The pulsation is explained by regurgitation through the tricuspid orifice, the contraction of the right ventricle communicating a wave through the right auricle to the blood in the hepatic vein. This is precisely similar to the more frequently observed pulsation of the jugular vein in the neck, which occurs under the same circumstances.

CLINICAL TIPS.

The following are a few facts which I have come across during the last year. My excuse for sending them is that small isolated facts are often noticed only to be forgotten, or perhaps mentioned once or twice in conversation, as interesting but not worth publishing.

Bubo from intertrigo.—The patient was a healthy-looking man of 24. His inguinal and femoral glands were much enlarged, like young potatoes, and the skin in one or two places dusky and congested. The history he gave me was that they began to enlarge about five months previously, as far as he knew, without cause. Examination did not give the slightest clue; gonorrhœa was denied and confirmed by the patient remembering that the femoral glands were the first to enlarge. He had been to several medical men, and had been told to keep quiet by one, and sent to the sea-side by another, and finally told that the disease was probably malignant, and therefore incurable. He had pain occasionally down his leg, and there was a little œdema. I told him to go to bed at once, and in a few days I would come round and apply a splint. Instead of this, he went about his business for a week and reappeared at the end of that time with one gland broken down into an abscess. As the only way of keeping an energetic young man quiet, I applied a long thigh splint and opened the abscess. During the fortnight I had him on his back the weather was very warm, and one day he drew my attention to the glands in the opposite groin which were enlarged. This proved to be due to intertrigo on that side between the thigh and scrotum, and then he remembered that the glands on the other side were preceded by intertrigo which he had not given much attention to. The glands gradually got smaller, and he is now well.

Chronic epididymitis.—I have lately come across two cases of chronic gonorrhœa accompanied by the above complication. It was localised and of the craggy and nodular character usually considered distinctive of tubercular epididymitis. These patients disappeared as soon as they were cured of their gonorrhœa, so I cannot say what became of their epididymitis; but in a case under Dr. Taylor, which I had an opportunity of watching for several weeks, the epididymitis which was affected to a greater extent, and which I thought, without doubt, to be tubercular, gradually cleared up entirely, much to my surprise, as I had never before met with the condition. On mentioning it to my friend, the late Mr. Hawkins, he said he had been much puzzled by a similar case, and had spoken of it to Mr. Jacobson, who, I believe, said he had met with similar cases. I think this condition worthy of note as I have not seen it mentioned in the books.

Treatment of Balanitis.—A middle aged gentleman consulted me for an uncomplicated balanitis, apparently due to some local inflammatory trouble, which he said his wife was suffering from. I undertook the treatment with a light heart, but after he had been to me three or four times I began to wish he had never been born, as every lotion I gave him had the effect of making him worse. At last I gave him a Teevan's syringe and some weak lead and opium lotion, and told him to syringe it under the prepuce (for my treatment had caused phimosis) every two or three hours. He came back to me after a week, saying that the lotion had made him worse, but that he had then tried plain water which acted very well, so that in a few days the swelling went down, and he could draw the prepuce back. I intend trying the cold water treatment first next time, as on mentioning it to two or three friends, I found that one had had a similar case, and had found plain water the best.

Obstinate Anal pruritus.—A friend tells me of a case he had, uncomplicated by constipation and characterised by local redness and intense itching, which made the man's life a misery to him. He had been to several other medical men previously but without relief. My friend tried various modes of treatment unsuccessfully, until one day he tried cocaine and vaseline applied locally, and frequently renewed. The first application gave a considerable amount of relief, and by continuing with it, the trouble rapidly disappeared after having previously worried the patient day or night for some six months.

Nervous diarrhœa.—I have come across four people who used to suffer considerably from looseness of the

bowels, which came on whenever they got chilled by wet, or by standing about in the cold. One man, a clerk, said that standing in a cold wind, superintending the loading of a ship in the docks, was almost always sure to give him a smart attack of it. He was advised by a captain to wear a broad woollen belt of double thickness round his abdomen, and since then he has been free from this liability. The other three wear similar belts with equally good effect. One of them first heard of it in the tropics.

Tonsillar abscess pointing forwards.—A short time ago I had a case of bad follicular tonsillitis in a girl of 19. I treated her with liq. ferri, perchlor. locally, and mag sulph., pot. chloras and glycerine internally. The tonsils cleaned up in a few days, but her condition as to swallowing and breathing remained as bad, when I noticed a tense large swelling occupying the soft palate between the left tonsil and the last upper molar, which, by the bye, was carious. The tonsils were of equal size, and smaller than when I first saw her. I guarded a scalpel with strapping except the point and half an inch of blade and opened the swelling. It bled a little, but no pus came out, although I thought I detected a little on the scalpel. Next day we were both relieved by a good deal of thick ropy pus exuding from the swelling, which afterwards rapidly went down.

I was, unfortunately, not aware that my patient shared her bed with her twin sister, so had to treat a similar condition of things in the latter a few days later. In her case the abscess came forwards from the right tonsil. I opened it as soon as I noticed it, and in addition to the former treatment used Siegel's spray three or four times a day with a hot saturated solution of borax. She got well in exactly half the time her sister took.

Peritoneal effusion complicating colotomy.—In a case of total obstruction of ten days' duration in a man of 60, apparently due to band or cancer high up in the rectum, I lately helped a friend to do a "Littré." The operation was done in two stages. The first stage presented no difficulty whatever, but a good deal of peritoneal fluid oozed from the wound at the time, which afterwards necessitated the dressings being frequently changed. On the third day on assembling to open the bowels, the stitches fastening the sigmoid were found to have all cut through, and the bowel could be seen moving up and down at the bottom of the wound with the respirations which were freely abdominal. Peritoneal fluid was escaping freely. The bowel was stitched up again with double the previous number of stitches and opened next day. There was a great gush of fluid fæces and from that time the effusion rapidly subsided; the patient has since done well. I take it that the effusion was mainly due to the pressure of the loaded intestines on the abdominal veins, and not to peritonitis.

Adenoma of breast subsiding without treatment.—I was lately asked to examine a young lady (20) for a lump in her breast. I had no difficulty in deciding that it was an adenoma. I advised her mother to leave it alone for a month, and in case it didn't go away or if it got larger, to have it removed.

In the meanwhile a lady friend has recommended her to lay a thin layer of cotton wool over the affected breast, telling her that it would disappear. As it is apparently doing so, I intend in future to always recommend some harmless treatment first.

Vesicular syphilide simulating herpes in a young man with well marked constitutional symptoms. The patches were singly indistinguishable from ordinary herpes, but occurred on both sides of face and neck, more on the left. They disappeared without the vesicles rupturing, and I think that result was aided by local application of mercurial ointment.

FRANCIS HEATHERLEY.

STANDING ORDERS.

THE ASSISTANT HOUSE-PHYSICIAN.

1. The Assistant House-Physician is appointed by the Treasurer upon the recommendation of the Medical Committee, and holds office for two months.

2. He shall attend in the Out-Patient Department at 12 o'clock on the days on which the Assistant Physicians see Out-Patients, and shall treat the Patients entrusted to his care, and shall render such assistance in the Department as may be required of him.

3. Cases which appear to be suitable for admission to the Wards shall be referred by him to the Assistant Physician for the day.

ASSISTANT HOUSE-SURGEONS.

1. The Assistant House-Surgeons, two in number, are appointed by the Treasurer upon the recommendation of the Medical Committee, and hold office for four months.

2. The Assistant House-Surgeons shall attend daily, except on Sundays in the Hospital. One of them shall be in the surgery on Mondays, Wednesdays, and Fridays; and in the Out-Patient Department on Tuesdays, Thursdays, and Saturdays. The other shall be in the Surgery on Tuesdays, Thursdays, and Saturdays; and in the Out-Patient Department on Mondays, Wednesdays, and Fridays. At the end of two months from their appointment the Assistant House-Surgeons shall change their days of attendance in the Surgery and the Out-Patient Department respectively. The Assistant House-Surgeon shall be responsible for the cases first seen by him.

3. The Assistant House-Surgeon on duty in the Surgery shall attend from 9.30 a.m. to 6 p.m., except during an interval for luncheon between 12.30 and 1 o'clock, during which interval the Ex House-Surgeon or the Ex House-Physician shall be called to any cases requiring immediate attention.

4. The Assistant House-Surgeon on duty in the Surgery shall with the assistance of the Surgeons' Dressers see and treat accident cases and emergency medical cases which are not severe enough to require admission to the Hospital. He shall see that all other surgical and medical cases suitable for treatment as Out-Patients

shall be directed to attend in the Out-Patient Department. In the case of Patients requiring in his opinion admission to the Wards he shall send for the House-Surgeon or the House-Physician for the week, and should he not arrive within ten minutes of being sent for, the Assistant House-Surgeon may direct the Patient to be sent into the Wards.

5. The Assistant House-Surgeon on duty in the Surgery shall see that the names of all Patients treated in the Surgery are entered in the Registers, and in the case of accident Patients shall take care that they are provided with Letters for further attendance in the Out-Patient Accident Department.

6. The Assistant-House Surgeon on duty in the Out-Patient Department shall attend at 9.30 a.m., and shall see that the Surgeon's Dresser by whom the case was first dressed, or the Assistant Surgeon's Dressers, shall dress the Patient previously treated in the Surgery before 12 o'clock.

7. The Assistant House-Surgeon on duty in the Out-Patient Department shall attend at 12.30 on the afternoons on which the Assistant Surgeons see Out-Patients, and shall treat the Patients entrusted to his care, and shall render such assistance in the Department as may be required of him.

8. Cases which appear to be suitable for admission to the Wards shall be referred by him to the Assistant Surgeon for the day.

9. On Tuesdays and Fridays the Assistant House-Surgeon on duty in the Out-Patient Department shall hold himself in readiness to administer anæsthetics in the Operating Theatre or Wards from 1.30 to 6 p.m.

ASSISTANT SURGEONS' DRESSERS.

1. The Assistant Surgeons' Dressers are appointed by the Treasurer upon the recommendation of the Medical Council, and hold office for three months. Every Dresser is required to act for the full term, and he will not be signed up for the appointment unless such term has been completed to the satisfaction of the Assistant Surgeon to whom he is attached. In considering applications for subsequent appointments the Medical Council will take into account the reports furnished both by the Assistant Surgeon and by the Assistant House-Surgeon of the manner in which the duties of the Dressership have been performed.

2. Any Dresser who shall fail to come on duty at the proper time shall forfeit his appointment, unless he can give a satisfactory explanation of his absence to the Dean. He shall not absent himself during the term of his office except for ill health or other grave cause, in which case he shall notify the same to his Surgeon, and shall provide an approved substitute.

3. Assistant Surgeons' Dressers shall attend in the Out-Patient Department between the hours of 9.30 a.m. and 12 o'clock on such days as they are on Accident Duty, and shall also attend the Assistant Surgeons during their visits to the Out-Patient Department in the afternoon. The scheme of Accident Duty as at present arranged is as under:—

Monday: Mr. Golding-Bird's Dressers.
Tuesday: Mr. Lane's Dressers.
Wednesday: Mr. Symonds' Dressers.
Thursday: Mr. Lane's Dressers.
Friday: Mr. Golding-Bird's Dressers.
Saturday: Mr. Jacobson's Dressers.

In the Out-Patient Department Mr. Symonds attends on Mondays, Mr. Jacobson on Wednesdays, Mr. Golding-Bird on Thursdays, and Mr. Lane on Saturdays.

4. When on Accident Duty the Dressers shall act under the supervision of the Assistant House-Surgeon for the day, and shall not absent themselves from the Out-Patient Department without his leave.

5. The Dressers shall carefully carry out the instructions of the Assistant Surgeons both in the Out-Patient Department and in the Wards. They shall not be permitted to examine Patients, to perform operations, or to prescribe medicines, except under the immediate superintendence of their Assistant Surgeon, or of his House-Surgeon.

NOTES FROM THE DISPENSARY.

ORTHINE.—In the *Repertoire de Pharmacie*, 10 Février, 1890, p. 61, is described the very latest candidate for a place among our stock of antipyretics. This new body is Orthohydrazinparaoxybenzoic Acid. It is very insoluble in a free state, but combined with hydrochloric acid, it is much more soluble. The solutions require to be kept from the light. It has been given in doses of 30 to 50 centigrammes in typhoid, pneumonia, and acute rheumatism.

OREXINE.—This is a complex chemical which has made its appearance during the past month. It is a synthetical compound prepared by Messrs. Paul & Busch (*Berichte*, xxii., 2683). These chemists have not this time given us another antipyretic or analgesic, but a stomachic and appetite-producer. The clinical experiments have been made from the hydrochloride of this base —orexine hydrochloride, which occurs in needle-shaped crystals, soluble in water; it has a slightly bitter taste, and leaves an intense burning sensation; it also irritates powerfully the mucous membrane of the nose. Professor Penzoldt has reported a number of cases in which appetite has been induced, and the digestion stimulated by orexine. The formula recommended for administration is 2 grammes of orexine hydrochloride, made up with extract of gentian into 20 pills, three to five of which are to be taken once or twice daily with a large glassful of meat broth, a considerable quantity of liquid being required on account of the pungent properties of the compound.

ARISTOL (*Zeitschrift Apotheker Vereines*, Feb. 10, p. 62). —Messrs. F. Bayer & Co., of Elberfeld, have patented a new combination of iodine, phenol, and thymol, under the name of Aristol. It is insoluble in water and

glycerine, but soluble in fixed oils and fats. It appears to be especially valuable in the treatment of psoriasis, and to be superior to any other remedy for lupus.

Unpublished Guy's Formulæ (*continued*).—

Mistura Antimonialis.

℞ Vin. Antimonial. ♏ v.
Aq. Chloroformi ad. ʒj. M.

Mistura Colchici.

℞ Vin Colchici ♏ xv.
Potass. Bicarb gr. xij.
Infus. Caryoph. ad. ʒj. M.

Mistura Colchici Cathartica.

℞ Tinct. Colch. Sem. ♏ xv.
Mag. Carb. gr. x.
Mag. Sulph. ʒj.
Aq. Menth. Pip. ad. ʒj. M.

H. COLLIER.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Sir,—In discussing the proposed lowering of the standards of the Medical Examinations of London University, none of your correspondents have so far considered what this lowering means to those who are *now* engaged in working for London degrees on the present standard. Matriculation and the Preliminary Scientific Examinations involve very considerable expenditure of money and of time (at least two years), which could otherwise be spent in purely professional work.

If, after this loss, London men are to be placed on a par with College Passmen, it will be a great and lasting injustice.—Yours, etc.,

FIAT JUSTITIA.

AN INDIGNANT STRUCTURE.

Dear Sir,—I trust you will grant me space to point out the error of their ways to some individuals, who persist in calling me by an ancient and obsolete name, whether from ignorance or priggishness I know not. My friend, the Hypoglossal, informs me that his regimental number is now, and has been for many years, 12 and not 9; and though I have the pleasure of his company for a short distance, and entrust to the care of his sheath a few fibres for M. Thyrohyoideus and M. Geniohyoideus, I interchange *no* other civilities with him.—Believe me, therefore, yours truly and correctly,

DESCENDENS CERVICIS
(*née* NONI).

[Note.—The researches of Horsley and Beevor by stimulation of distal stumps, have shewn that—

(1) No fibres of the hypoglossal pass to the infrahyoid and geniohyoid muscles.

(2) The 1st cervical supplies the geniohyoid, thyrohyoid, sternohyoid, and sternothyroid, and anterior belly of omohyoid.

(3) The 2nd cervical supplies the posterior belly of omohyoid.

(4) The 3rd cervical does not send motor fibres to any of these muscles.]

Dear Sir,—Interesting case in Barnabas, bed No. 9 pompholyx, affecting conjunctiva, tongue, pharynx.—Yours truly, J. P. PENDLEBURY.

SUDDEN DEATH FROM ROUND WORMS.

By Beaven Rake, M.D.

I have already published some cases in which round worms have caused sudden death, but another case which has lately come under my notice, from a medico-legal point of view, seems to be of special interest.

Case.—Sudden death from round worms; pregnancy dilatation of heart.

M. H., æt. 37, a tall, healthy-looking coloured woman came to consult me on August 5, 1889. She was far advanced in pregnancy, and complained of palpitation and other obscure symptoms. I could detect no cardiac bruit, nor any organic lesion. I wrote a prescription containing assafœtida, valerian and ether, telling the friends that the symptoms would probably disappear when the child was born. She went to her home, far distant in the country, and continued in about the same state till 1 a.m. on August 9, when she was attacked with a shortness of breath, and died three hours later.

On the information of the police, I made an official examination of the body. The heart was dilated, especially the right side. The aortic valves allowed some regurgitation when tested with water. The heart muscle was flabby. On opening the stomach, I found two round worms, and the small intestine was simply full of them. There must have been more than fifty. In places they were in knots, which caused a puckering and reddening of the walls of the intestine. The uterus contained a fœtus of about eight months. The other viscera were healthy. It is, of course, well known that the heart undergoes hypertrophy during the latter months of pregnancy, and I think that in this case the irritation of the worms in the intestine caused reflex paralysis of the already hypertrophied and dilated heart. It is to be regretted that the worms afforded no indication for treatment during life. In this connection, I remember the case of a woman whom I treated two years ago for fever, and, as I thought, hysteria. Not suspecting worms, I ordered quinine and assafœtida. The patient vomited seventeen round worms, with rapid disappearance of the symptoms. So common are worms in children here that I seldom write a prescription for a child without including santonin. Such a case as the above will indicate the advisability of this practice in adults also. As to the immediate cause of the symptoms, I have shown in one case that a volvulus of the bowel was produced by the worms. In other cases, the knots into which the worms roll themselves seem to cause sufficient irritation, as shown by the reddening of the intestine over the site occupied by the lump of worms. Eichberg mentions cerebral effusion, but I have not found it. In one case already reported, I found a single worm over the epiglottis. It had evidently caused death by asphyxia. —*Saint Louis Journal.*

Passim.

We hear that the Guy's Hospital Reports for 1889 will be issued immediately. This the 46th volume of this famous series will differ slightly from its immediate predecessors, in being bound in stiff boards instead of the well known light brown limp colors. This change has been effected at the request of many subscribers, who complained that they read their reports so frequently that the cover soon wore out. Some of the earlier volumes, as for example, those for 1843 and 1847 were bound in dark green boards. The first volume appeared in January, 1836, and the first article in it is from the pen of Dr. Bright. It was edited by Dr. Barlow and James P. Babington, who died recently. Mr. Babington was a brother of Dr. Babington; he competed for the post of Assistant Surgeon to the Hospital against Mr. Birkett; but he was unsuccessful, and he, therefore, retired into the country and became a schoolmaster. The Guy's Hospital Reports form one of the most celebrated serial medical publications possessed by the profession. In them have been published papers by several giants in the profession, to prove which statement we need only mention that Bright, Addison, Gull, Owen Rees, Moxon and Fagge have frequently contributed papers. We strongly advise all Guy's men to become subscribers, and if they wish to do so, we would refer them to the advertisement sheet of this number of the Gazette.

We would point out to those of our readers who are interested, the fact that the last day for applying for House Physicians and House Surgeons for April, is on Tuesday next, the 11th inst.

The Students' Calendar is now ready, and can be obtained at the Medical Office or the Library. Every student should possess one.

We publish in another column the forthcoming events for the month of March, to which we would direct the attention of students specially.

It is by this time widely known that the new College will be formally opened on Wednesday 26th, by Mr. Gladstone.

We understand that all Students about the Hospital will receive an invitation to the "At Home," to be held from 4 to 6 p.m., during which time the College will be open for inspection.

The next issue of the Gazette will be postponed from March 22nd to March 29th, in order to be able to insert a full report of the proceedings of Wednesday 26th. It is intended to issue a double number, which will contain several illustrations of parts of the College, together with a portrait of Mr. Gladstone, and all the Members of the Committee, the Architect and the Warden.

At the recent examination of candidates for commissions in the Naval Medical Service, the following Guy's men were successful:—

Place 1.	Robley H. J. Browne ...	3132	Marks.
„ 5.	Philip N. Randall	2758	„

The examination just held was the first conducted by the new Board of Examiners appointed by the Director-General of the Naval Medical Department. This Board is conducted as follows:—*President*, Sir Andrew Clark, M.D. *Examiner in Surgery*, Sir W. MacCormac, F.R.C.S. *Examiner in Medicine*, Sir Dyce Duckworth, M.D. *Examiner in Anatomy and Physiology*, Mr. Makins, F.R.C.S. *Examiner in Chemistry*, Dr. Shore. We think it will be generally admitted that the change in system is a move in the right direction, and the fact that the examining board is composed, without exception, of present day teachers, will, without doubt

commend itself to intending candidates. The whole of the examinations (including clinicals), is now held at Burlington House with the exception of operative surgery and practical anatomy, for which the candidates have to go to St. Thomas's Hospital.

GRATITUDE has been defined as a "lively sense of benefits to come." Not so the opinion of the patient whose experience of Guy's under the care of "that very kind and clever surgeon, Dr. J.——," is recorded in *The People*. Grateful hospital patients are far more common than some are willing to allow, but they are not all in a position to express their feelings.

Hospital News.

INTERESTING CASES.

MARTHA	4	Distended gall bladder.
	15	Dermoid ovarian cyst.
	20	Acute pulpy knee.
JOB	14	Traumatic epilepsy.
	15	Axillary abscess.
	21	Epithelioma of fauces.
NAAMAN	1	Sarcoma of shoulder.
	10	Gumma of sternum and ribs.
	14	Double syphilitic testis.
LUKE	1	Perforating ulcer of foot.
	17	Carcinoma of rectum.
PATIENCE	3	Senile gangrene.
SAMARITAN	10	Senile gangrene.

IT has been reiterated, even unto triteness, that poetry is a congenital tendency and not acquired. Moreover, when it is latent, it is very difficult even for the editorial eye to diagnose. Your poet, unless he lets his hair grow long has no mark by which the eager editor may know him, and we have found that even the hirsute symptom may be only simulated. Being desirous of celebrating the opening of the College in some lines worthy of the occasion, we venture, therefore, to bait a trap for our undiscovered poet, by offering a PRIZE OF ONE GUINEA for the best poem on this auspicious event, which shall reach us on or before the 25th instant. We sincerely hope that such of our readers as have tastes in this direction will help us; the time is short, but the inspiration should be potent.

APPOINTMENT LIST.

The following new appointments have been recommended by the Medical Council, and approved by the Treasurer:—

Obstetric Residents.—Messrs. H. V. Hickman (March); R. G. P. Lansdown (April); G. H. S. Daniell (May).

Surgeons' Dressers.—Messrs. C. H. D. Ralph, H. B. Rygate, E. M. Dobinson, W. E. S. Cobb (Mr. Durham); W. K. Steele, A. C. Elliman, A. S. Wohlmann, T. G. Stevens (Mr. Howse); H. Hodgson, D. T. Jones, E. G. March, F. Wellford (Mr. Colley); V. J. Hodgson, A. Thomas, W. Winslow, W. Carling (Mr. Lucas).

Clinical Assistants.—Messrs. J. W. Roberts, J. H. Bryant, A. H. Meadows, F. H. Brown, B. W. Hogarth, E. J. D. Mitchell.

Dressers in the Eye Wards.—Messrs. N. B. Clowes, F. G. Swayne (Mr. Higgens, March); J. M. Thorne (Mr. Brailey, March); J. Fawcett, H. A. Smith (Mr. Higgens, May); R. S. Freeland, C. R. A. Sutton (Mr. Brailey, May).

Throat Department.—Messrs. F. W. Hall (March); F. G. Vicars (April); A. E. Durham, J. W. Russell (April).

Post-Mortem Clerks.—Messrs. F. G. Saffery, A. A. Grosvenor (April).

Dental Surgeons' Dressers.—Messrs. J. S. Richards, H. Richardson, W. D. Spurrell (April and May).

Obstetric Out-Patient Clerks.—Messrs. F. A. Osborn, F. Colclough (March).

Aural Surgeons' Dressers.—Messrs. G. W. Featherstone, H. Richardson (March and April).

Obstetric Ward Clerk.—Mr. W. E. Sturges-Jones.

Assistant Physicians' Clerks.—Messrs. F. Colclough (Dr. White); (Dr. Pitt); G. H. Knapp, F. W. Hall (Dr. Perry); A. T. White, C. E. Pollock (Dr. Shaw).

Medical Ward Clerks.—Messrs. S. J. Roberts, E. E. Bensley, T. J. Mills, C. Braithwaite, H. K. Rayson, E. E. B. Laudon, W. A. Haslam, H. B. Wilkinson, P. M. May, W. D. Loveday, R. W. Wason, H. St. J. Fraser, A. T. Rake, T. Holmes, T. B. P. Davies, E. H. Cartwright.

Assistant Surgeons' Dressers.—Messrs. P. Lord, F. C. Young, A. Reeves, A. T. Jago (Mr. Golding-Bird); G. Sichell, C. E. Salter, A. S. Sheen, F. M. Turner (Mr. Jacobson); H. G. Biddle, R. Gilbard, W. S. Frith, C. G. Morice (Mr. Symonds); H. A. Bryant, A. H. Godson, C. N. Thomas, W. H. Fisher (Mr. Lane).

Surgical Ward Clerks.—Messrs. T. S. Jackson, A. Allport, H. J. L. Wales, E. E. Frazer, C. M. Fleury, F. C. Stearn, T. S. Robson, G. A. Skinner, J. S. Barnes, J. R. Evans, A. M. Daniel, G. T. Birdwood, T. H. Evans, E. P. Lulham.

Assistant Surgeons' Clerks.—Messrs. (Mr. Golding-Bird); E. L. Adams, G. Pinder (Mr. Jacobson).

February 22nd, 1890.

EXAMINATION FOR THE MEDICAL SERVICE OF THE ROYAL NAVY.

MEDICINE.

1. What are the abdominal complications that may arise in the course of enteric fever? How would you treat them individually?

2. Describe the rashes which appear in the following diseases according to the appearance, the local distribution, and the course as to time of each in order:—Typhus, enterica, small-pox, chicken-pox, measles and scarlet fever.

3. What physical signs betoken an effusion of fluid into the left pleura? How would you treat a patient in whom you found indications of a large effusion, he having been ill not longer than ten days?

4. What points in a case of rheumatism would lead you to suspect a gonorrhœal origin of it? How would you treat such a case? What prognosis attaches to this disorder?

5. State the symptoms of delirium tremens in respect of the pulse, temperature, nervous and alimentary systems. How would you treat a patient thus suffering?

ANATOMY AND PHYSIOLOGY.

1. Give an account of the articular surfaces and ligaments taking part in the formation of the shoulder joint, and enumerate in their respective positions the muscles in direct relation with the joint capsule. State what movements take place at this joint, and mention any peculiarities in its formation calculated to render it specially liable to disease or injury.

2. Describe the course and relations of the popliteal artery, and state how the circulation in the leg would be carried on after its occlusion. Note any points in the position and surroundings of this vessel which may tend to the occurrence of disease or injury of its walls.

3. Give the course and relations of the œsophagus in its entire length.

4. Describe the arrangement of the convolutions and sulci on the outer surface of a cerebral hemisphere, and map out as precisely as you are able the various cortical motor areas located therein.

5. Describe the minute structure of an artery and vein of medium size. State what part in the mechanism of the circulation is taken by the arterial wall; and describe a normal pulse curve, giving an explanation of the several waves.

SURGERY.

1. A man falls heavily astride an iron bar, severely bruising the perineum. He attempts, but fails to pass water. How do you investigate the case? What injury may have occurred, and what consequences, immediate or remote, may ensue? Describe the treatment you would adopt.

2. Describe and differentiate the diseased conditions termed respectively rodent ulcer, tertiary syphilitic ulcer, and lupus ulcer. What is the appropriate treatment for each?

3. A man has received a severe blow on the right parietal bone, fracturing the skull. Describe the symptoms which occur immediately. What complications may take place during the succeeding forty-eight hours? Give the treatment you would adopt.

4. By what symptoms is the presence of a stone in the kidney diagnosed? Give the history of such a case, and state the complications which may ensue. What are the indications for operative interference, and how is nephrolithotomy performed?

5. What forms of carcinoma are met with in the rectum? Describe the symptoms and progress of the disease. Discuss the indications for removal of the growth, and for its palliative treatment by colotomy. What method of colotomy would you adopt? State the reasons for your selection.

NATURAL SCIENCES.

A. Comparative Anatomy.

1. What is the structure of a typical vertebra? In what respect does the vertebral column of a bird differ from that of a mammal?

2. Enumerate the organs and tissues which, in a vertebrate, are developed from epiblast, mesoblast and hypoblast respectively.

3. Describe the heart and great vessels of a fish. Compare them with those of a bird and of a mammal.

4. What is a placenta? How is it developed? What are its functions? In what classes of animals is a placenta found?

5. Describe the structure and life history of hydra. Compare it with amœba.

B. Zoology.

1. Describe the structure of the adult tænia solium? Trace completely its life history.

2. Point out the distinctive characters of the mollusca.

3. State the characters by which vertebrated are distinguished from invertebrated animals.

4. Classify fishes. State in what respects the lamprey and its allies differ from other fishes.

5. What is meant by the term "alternation of generations?" Illustrate your answer by describing the life history of some animal organisms in which this phenomenon is found.

C. Physical Geography.

What are the causes of ocean currents? What circumstances determine the directions of their flow? Mention the chief currents found in the Atlantic and Pacific oceans.

2. What general principles determine the directions of prevailing winds? Illustrate by reference to the winds found in the tropic and temperate zones.

3. Upon what conditions does the amount of rain fall in a district depend? Illustrate your answer by reference to the so-called rainless districts.

4. Mention and describe the various kinds of coral reefs, explaining clearly the differences between them.

5. Give an account of the circumstances which determine the alternation of summer and winter.

D. Botany.

1. What are the distinctive characters of the natural orders: cruciferæ, leguminosæ, umbelliferæ, labiatæ?

2. Describe the structure and functions of leaves.

3. What is a tendril? What parts of a plant may be modified into tendrils?

4. Give an account of the medicinal properties of the plants belonging to the natural order umbelliferæ.

5. From what plants and what natural orders are the following drugs obtained: Aconite, senna, jalap, mustard. senega, broom, belladonna, filix mas? What parts of the plant are used in each case?

E. Physics.

1. Define "specific gravity." Show how to determine the specific gravity of a gas, a liquid, a solid body insoluble in water, and a solid body lighter than water.

2. Define concisely what you mean by the terms:—temperature, heat, latent heat. If one pound of water at 212° F. be mixed with oue pound of ice at 32° F., the resulting mixture has a temperature of 51° F. What is the latent heat of water?

3. Describe by the aid of diagrams how the image is formed in a compound microscope.

4. Give an account of the laws of reflection of light. Under what circumstances does total reflection of light take place?

5. Describe Bunsen's, Grove's, and Daniell's constant batteries, stating in each case which is the positive and which the negative element.

CHEMISTRY AND PHARMACY.

1. How would you prove that atmospheric air is a mechanical mixture and not a chemical compound? Describe how you would determine approximately the quantity of (*a*) oxygen, (*b*) nitrogen, (*c*) carbonic dioxide, (*d*) water vapour in a given sample of air.

2. Describe the chemical methods of tests you would employ in examining a vomit for arsenic.

3. How would you proceed to estimate the quantity of (*a*) urea, (*b*) sugar, in urine?

4. Describe, with chemical equations, the preparation of the chlorides and iodides of mercury. Enumerate their official preparations.

5. How is opium obtained? What are its chief constituents? Describe the tests for morphia and meconic acid. Give the proportion of opium contained in each of the following officinal preparations:—Pilula saponis composita; tinctura opii; pulvis opii compositus; pilula plumbi cum opio; pulvis cretæ aromaticus cum opio.

Anxious Mamma: "Little Dick is upstairs crying with the toothache." Practical Papa: "Take him round to the dentists." "I haven't any money." "You won't need any money. The toothache will stop before you get there."

THE CASE OF "MO" OF BETHLEM.

By R. Percy Smith, M.D., M.R.C.P.

There died recently in Bethlem Hospital an old man, commonly known as "Mo," for many years a familiar figure, well-known to all resident, and to most of those who have frequented the institution as visitors. Though there is nothing very noteworthy of late about his mental condition, yet the fact of his long residence (50 years) in Bethlem and ten years in other asylums, and in his early life his forcing himself into public notice by stopping the Queen's horse in the Park,render him interesting. Further, he left behind him a memoir headed, "The Political Fool, or the Life and Delusions of 'Mo,'" which shows the growth of his insanity from its commencement.

According to this memoir, the patient (Edward H.) was the illegitimate son of a merchant in St. Helena, and was born in 1807. He gives as his first recollection a great deal of talk about Buonaparte, in the year 1812. Shortly after this his father, who had become bankrupt, deserted our patient's mother, with whom E. H., however, continued to live in very straitened circumstances. He further describes the arrival of Buonaparte as a prisoner, and it appears that shortly after this, his father left the island for England, leaving himself and sisters behind.

At the age of 13 he was sent for by his father to be educated in England, and to learn a trade, arriving in March, 1820. On the voyage home an outward-bound ship conveyed the news to them of the death of George III., and this he regarded as an omen. He next states that in 1824 he came to the conclusion that he was brought to England by God's management, to rise to royal power in this country as Napoleon had in France. He believed that at the age of 21 he would come into some property which was being kept secret from him.

This he inferred from some remarks of his father's when he was being apprenticed, to the effect that when out of his apprenticeship he should want for nothing. He seems to have gone to Doctor's Commons to search for his grandfather's will, but without much result, and then, under the idea that he was wronged, he threatened his master's life with a pistol, was sent to prison, and thence, in 1826, to the White House, Bethnal Green, as being insane. He says that his first impression there was what a number of livery servants had gone out of their minds, but that he subsequently found that the St. Pancras parish purchased old liveries as cheap clothing for their paupers. He further describes how the dirty patients were kept in crib-beds on loose straw; how others were hand-locked and leg-locked. He further states that the outcome of an enquiry into the condition of the patients resulted in the building of Hanwell Asylum. He appears to have spent five years at Bethnal Green, where his father visited him for a time, but shortly went to Australia, after which the patient heard no more of him.

In 1831 he was sent to Hanwell, where he says he went the first day it was opened; just before going there he says he wrote a letter to Lord John Russell, giving his views on the Irish question, then, as now, a burning one. He thinks the fact of his being sent to Hanwell "clearly proves there was some power behind the curtain to keep me so long in confinement."

In 1836 he was discharged, and got some employment with a builder in London. The memoir then goes on: "In this occupation I continued until my mind was so occupied with the accession of the Princess Victoria to

the throne in 1837, that I suppose it took me off my feet in the path of discretion. I began to revive the ideas of my high calling to the State, which was the principal suggestion of my letters to Lord Chancellor Eldon in 1825, and I concluded that as the Princess came to the throne directly she came of age, she was intended by Divine Providence to be the medium of my political elevation, and that it was my duty to boldly and gallantly address myself to her. I took a long time to carry out my idea as Her Majesty came to the throne in 1837, and I did not write my first letter to Lord Melbourne until the autumn of 1838, so that I was near fifteen months coming to a resolution to offer my plebean (*sic.*) hand to the young Queen, and I began to think the week I did propose so extraordinary an absurdity I should be sent back to Hanwell Asylum, but I felt it my duty to do it, and that I should be a coward under the impressions of mind that weighed upon my heart and head to care about another long restraint in a lunatic asylum. My impression was that I held the trump card of the country's salvation, and the distress that followed my last note to Lord Eldon in 1825 was intended by Providence to respond to that note."

In the autumn of 1838 he wrote his first letter to Lord Melbourne, in which he said he was about to propose himself to the Queen in marriage, and notwithstanding the illtreatment he had received he felt it his duty to God and the country. He seems to have written several such letters under the impression that Lord Melbourne wanted him to press his suit "against all contempt." In one letter he said, "God has provided a powerful engine in the loveliness of your Majesty's person to rouse me to action." He further stated that, being a Unitarian, he would reform the Church of England from Trinitarianism to Unitarianism, though coming forward at first as belonging to the Church of England, and that he was God's elect for this purpose.

His letters not being answered he endeavoured, in the autumn of 1839, to present a petition to the Queen herself, whilst she was riding on horseback in the Park, and fell into the hands of the police. It was found that he had been at Hanwell previously, and so he was sent to Bethlem by order of the Secretary of State, as a man likely to be dangerous or troublesome. He was put under Dr. Monro's care, and was eventually placed on the "Incurable" fund of the hospital.

In 1855 the following note was made: "It is very difficult to express an opinion on the state of his mind farther than that he still believes his father's words imported more than facts have fulfilled, and this probably amounts to a delusion, but one thing is certain, that from his antecedents it would be extremely difficult for him to get employment if he were at large, and so he would probably resort to an expedient similar to the former to get sustenance. He was very shrewd and intelligent, inquiring and extremely orderly and clever, attending to portions of arrangement in his ward with all zeal and attention of a good attendant. During the past two years he has been trusted at exhibitions in various places, and has never broken the confidence placed in him. Much might be said of qualities which render him better known than any other patient in the hospital, and tend to make him rather an officer of the establishment than a patient, but these points do not bear on any mental symptoms, and are, therefore, avoided."

Early in 1859 he petitioned the Secretary of State for his liberty, and in September of that year he left the hospital.

During the winter of 1859 he managed to live by trading in second-hand clothes with the assistance of some money he had managed to accumulate while in the hospital (hence the name "Mo"), but he failed to get on satisfactorily, spent nearly all his money, and then wrote to Lord Palmerston two or three letters, urging him to employ him as his Secretary, for he felt inspired in saying that he alone could save the country, and that he ought in the first place, to ally himself with the Royal Family by marrying the Princess Alice. These letters were placed in the hands of Sir R. Mayne, and for some weeks he was closely watched by the police; at length it was thought desirable to place him in safety; medical certificates were procured, and he was admitted again into Bethlem. The note in the case book says: "He came here most willingly as if returning to a happy home," and two months subsequently it is noted: "He has returned with pleasure to all his old employments, and is in good health." From this time there was practically no change in his mental condition. Bethlem hospital was his home, and appears to have been a most comfortable one to him. He was an expert billiard player, for many years acting as marker in the billiard-room. He was allowed a free pass out of the gates and a key of the male wards, and never abused his privileges.

There was no sign of mental failure which could be called dementia. He remained till quite lately the same shrewd, cunning old man, that he had seemed to be for many years. Although he never voluntarily referred to his former idea of marrying a Queen or a Princess, and it was almost impossible to get him to talk about it, yet he still believed that the country would have been better off if his advice to various Ministers in his early life had been followed. His memoir, written quite late in life, and the importance of which he much exaggerated, though it displays a very accurate memory, is rambling, and there is in it a good deal of repetition, and every now and then a long disquisition on religious, political, or scientific topics. The reflections of a patient of so much intelligence on the management of asylums connot fail to be interesting, especially as he could remember the days before the Lunacy Act of 1845. One or two short abstracts will give his opinions: "Since the Lunacy Commissioners came into existence the public may be assured that the integrity of private asylums has been well watched by the Commissioners, and the superintendents of these private asylums have been most nervous in escaping reproof from the Commissioners and the Press, and I must take the liberty to tell the public that now not anyone is improperly confined, and in fact I could write a book to show that there is not so much restraint put on men and women of unsound mind as is necessary; that a great deal of the crime that we read in newspaper reports are the results of undiscovered and unrestrained insanity."

The following sentences are of interest to those connected with Bethlem Hospital:—

"I must be thankful after all. I have had in Bethlem Hospital a very comfortable home. . . . It has been my occupation during these thirty years to mark such a succession of improvements in Bethlem Hospital that, as I told Lord Shaftesbury, I am always asking myself the question what is to be our next improvement." Upon the use of restraint he writes: "I must take the liberty to say that the old straight waistcoat that some superintendents will not have in their asylums, is the best restraint and the most proper restraint to prevent a suicidal patient from getting his hand to his wounded throat."

For some years he had been subject to gout, and latterly this had crippled his hands, but he was still able to play billiards after the completion of his eightieth

year. He was also troubled with chronic bronchitis, and was eventually found to have granular kidney. Last August he had profuse and recurrent epistaxis.

In January of this year he began to have uræmic symptoms, failed to recognise his old friends, and eventually became comatose and died on the 28th of that month in his 82nd year. At the post-mortem the kidneys were found markedly degenerated, the cortex being occupied by numerous cysts. Beyond slight opacity of the arachnoid and some excess of subarachnoid fluid, the brain was healthy, the convolutions appearing to be perfectly normal, and there was only slight atheroma of the cerebral arteries.

The case would seem to come under the heading "Primäre Verrücktheit" There was no insane inheritance known, but the patient records that his father had already had a family by another woman before he lived with E. H.'s mother, and that he again deserted her to marry someone else. In all probability the sense of being wronged began to be felt in the patient's mind at a very early age, in consequence of the straits he and his mother were in after desertion by the father about the year 1815. He seems to have been always impressed greatly by the events going on around him, such as the arrival of Napoleon and the death of George III., and also by any chance expressions, such as his father used when he was being apprenticed. With adolescence on the basis of these various impressions, and no doubt after a great deal of silent cogitation, the delusions that he was persecuted and that he was destined to some great mission took root and grew, and seemed to have become firmly organized, so that he was not able to correct them. The idea that he was persecuted led him to resort to violence, and the idea of his destiny led him to address the Queen; hence his future life lay, first, for a short time in prison, and then altogether for 60 years in asylums, with only short intervals of complete liberty.

The case appears to me to be interesting from its growth, the commencement of it taking us back to what is almost ancient history, from the long duration without dementia, and as an evidence of how a chronic lunatic may in some cases enjoy a life which at its best must have many drawbacks. I trust that this short summary of the case may interest those who have formerly held clinical appointments in Bethlem, if no one else.

(Journal of Mental Science, 1889.)

FORTHCOMING EVENTS.

Mar. 8. Meeting of Physical Society at 7.30 p.m.

,, 11. Last day for applying for H.P and H.S.

,, 18. Examination for Arthur Durham Dissection Prizes.

20. Schedules for Final Conjoint Examination to be left at the Medical Office not later than this date.

,, 22. Meeting of Physical Society at 7.30 p.m.

,, 24. Examination for Michael Harris and Beaney Prizes.

,, 24. Examination for Golding Bird Prize. First Conjoint Examination begins.

,, 26. Opening of College by the Right Hon. W. E. Gladstone, M.P.

,, 27. Second Conjoint Examination begins.

APPOINTMENTS.

Manley, J. H. H., M.B., &c., D.P.H., to be Medical Officer of Health of the Borough (County) of West Bromwich, Staffordshire.

Berry, H. P., M.B. Lond., M.R.C.S., has been re-appointed Medical Officer for the Grantham Union District.

Farmer, F. R., M.R.C.S. Eng., L.R.C.P. Lond., has been elected Assistant Medical Officer to the Fisherton House Asylum, Salisbury, *vice* J. D. Price, M.R.C.S., L.R.C.P.

Murray, R. D., F.R.C.S. Eng., has been appointed Assistant Surgeon to the Children's Hospital, Birmingham.

Roberts, B., M.D. St. And., M.K.Q.C.P. Ire., M.R.C.S., has been re-appointed Consulting Medical Officer to the Eastbourne Memorial Hospital.

Sport.

ASSOCIATION FOOTBALL.

Having defeated London for the Hospital Cup, we had to meet St. Thomas' in the semi-final round, which we did in fine weather, at Chiswick Park, on Wednesday, February 26th.

Sharp started the ball for Guy's at 3 o'clock, and for some time the tide of fight swayed up and down the ground, neither side playing with the wonted cup-tie vigour; the backs, however, did some very tall kicking between them, and, in fact, throughout they seemed to have most of the play. When play had lasted about twenty minutes, Saunders put in a good shot from half-back, which Hibbard unfortunately misjudged, and so Thomas' scored the only point of the game. At half-time Hibbard joined the front ranks, and Pendred took his place in goal. The play in the second half was even more uninteresting than the first, the backs completely outmatching the forwards on both sides. For Thomas', Mason at full-back, and Blount and Saunders at half played well. For Guy's, Daniel, Poole and Frith were certainly the best. *Guy's:* C. E. Hibbard (goal), W Poole, W. S. Frith (backs), A. M. Daniel, C. G. Roberts, V. Pendred (half-backs), R. C. Kirkby, O. J. Bradley (captain), H. C. Sharp, H. Hewetson, W. Fisher (forwards).

Advertisements.

DOUBLY QUALIFIED GUY'S MAN, late H. S., æt. 35, married, wants to Purchase (by instalments preferred) practice or partnership of £500—£800, with a good introduction; about an hour or hour and half from London; Kent, Surrey or Sussex preferred. Accustomed to ride and drive; no objection to country work, provided practice is situated within a reasonable distance of fair-sized town.—Apply I. Medical Office, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

MARCH 29, 1890.

CLINICAL LECTURE BY DR. GOODHART ON "ALBUMINURIA."

Notes by T. G. STEVENS.

In a former lecture Dr. Goodhart treated of Albuminuria with some obvious disease of the system to be demonstrated. This lecture treated of albuminuria without organic disease. It must be borne in mind that there are many names for this affection, *e.g.*, "Functional," "Physiological," "of adolescents," "Cyclic," or "Intermittent." All have this in common, that there is no obvious organic disease. It has been found out from careful analysis of the urine of presumably healthy people, that the presence of albumin in otherwise healthy urine is not uncommon; but these statistics are obtained from large bodies of people, such as the national forces and large public schools, and are liable from various reasons to give an undue proportion of albuminuria, and facts drawn from general medical practice are liable to be vitiated by some cases of true nephritis. Notwithstanding this, however, my experience does not justify my considering albuminuria without nephritis as a very common affection. These people have no symptoms of kidney disease, yet their urine, tested as a matter of routine, is found to contain albumin. It is found in young people as a rule. With regard to sex, in Dr. Goodhart's 39 cases, 26 were males and 13 females (not really a large enough number to draw deductions from). Those cases in which there is any doubt, in which only a doubtful line is produced with the nitric acid test, should not be counted in statistics. There is a very obvious reason for the presence of a small amount of albumen in the urine of men, viz., the close proximity of the prostate gland and seminal ducts, the discharges of which may easily contaminate the urine. Another very frequent class of case would appear to be that of young men who have been working hard for the competitive examination for public appointments, and who are liable to rejection because of a small amount of albumen in their urine.

"Functional" albuminuria falls readily into the following groups:—

1. Oxaluric.
2. Lithæmic.
3. Hæmoglobinuric.
4. Albuminuria of the passages.
5. Neurotic Albuminuria.

Oxaluria.—This may be produced under a variety of circumstances. For instance, by eating large quantities of rhubarb or some other vegetable containing oxalic acid and thereby increasing the amount of oxalates excreted. Sometimes it is a mere functional condition of things in which on one day oxalates are largely excreted and the next day sugar, and so on, and such cases no doubt bear a construction which may be used to support the contention that there is such a thing as physiological albuminuria.

But these oxalate crystals have sharp corners and edges to them, and what more probable than that, in their passage through the pelvis of the kidney, ureters or bladder, they may scratch the mucous membrane and produce thus albumen or even blood in the urine.

Lithæmia occurs at all ages even in young children who are too heavily fed on solids, and not given enough liquid with their food. The food does not get properly digested, the viscera are overloaded and a highly concentrated urine is passed which with nitric acid will shew a copious deposit of nitrate of urea and some albumen.

Hæmoglobinuria.—In this condition of things, instead of the ordinary blood coloured urine of hæmoglobinuria albumen is passed, This is sometimes caused by a chill from a cold bath in the morning. Fagge mentions the same condition, and it seems probable that a cause of this kind may be at the bottom of the albuminuria which has been found to come on after bathing and exercise.

Albuminuria of the passages.—This class presents one of the largest groups of Dr. Goodhart's series, 8 out of 39. A certain proportion in women are due to leucorrhœa; and in men are sometimes caused by a gleet or other venereal discharge, but the greater proportion in men are due to a natural seminal fluid or prostatic secretion. The urine in these cases only contains albumen in the early morning, and is without doubt due to such things as nocturnal emissions and straining at stool.

Neurotic Albuminuria.—The largest group, by far, of the functional albuminurias, 17 out of 39. Here Dr. Goodhart mentioned a few cases which had occurred under his care.

Young married lady, aged 30, very neurotic, urine at one time loaded with albumen, at another very little to be distinguished, very erratic in its appearance. Patient suffers from sick headache and other neurotic disturbances. This condition of things has lasted for 7 years up to the present time, and may be functional as no other symptoms of renal disease have developed.

Girl, 14, highly neurotic and hysterical; had curious attacks of ill-health accompanied with fever; during these attacks, without any obvious renal trouble, she would pass albumen in her urine *at night* for perhaps 2 or 3 weeks, then stop, and go on again after an interval; this condition of things may be truly called cyclic; and it is the only real case of the kind that Dr. Goodhart has seen.

Young man with colic and albumen in his urine, for a long time thought to be renal calculus but after a long period no other symptoms manifested themselves, and the patient was so highly neurotic that it is grouped here.

Two *Women* with exophthalmic goître, passed albumen in an intermittent manner, one case of early facial paralysis, and so on, all the cases having a neurotic history.

Taking the group together, all these cases seem connected with a neurotic condition of things. The explanation of the association may be not always the same, in some it may be oxaluric for instance, a condition which occurs in people who have had much worry or business trouble.

As a theory of the cause of the albuminuria in these cases, might it not be, that, when the higher brain centres are exhausted from hard work or worry, the lower centres being, so to speak, relieved of the inhibiting influence of the higher centres, may be in a turbulent condition, and hence give rise to intermittent discharges of albumen: a condition, perhaps, comparable to the flushing that occurs over the surface of neurotic women? If this nerve influence affects the surface it is reasonable to suppose that the viscera share in the general dilation of vessels and albuminuria might readily result.

Lastly, with regard to the relation of true nephritis to this condition of things; some cases of granular kidney are supposed to date from a long period of worry (Clifford Allbutt); it has been shewn that various disturbed mental conditions are associated with high tension (Broadbent). Hence it is well to reflect though these conditions may be temporary at first, if they cannot be cured they may go on to become the true granular kidney, the beginnings of which, after all, we know very little about. A few, very few, other cases remain, for which no cause can be suggested, and they must, for the present at any rate, remain a puzzle. Having said this much upon albuminuria, in which the evidence is against the existence of any nephritis, it may be as well to add the caution that a considerable extent of nephritis *may* exist and yet the patient evince no sign of ill-health.

As an interesting case in point, may be cited the following:—a child with scarlet fever got well, and three months after was found to have a large amount of albumen in its urine, was treated as a case of nephritis, but did not improve after some weeks. Still quite healthy, it remained so for years, the albumen, however, remaining in *statu quo*. Now it would be very rash to say that this was not a case of nephritis, and it is highly probable that in such cases there is some partial distribution of the disease, and this may either creep on until the kidney is spoiled or even, eventually, clear up. And this may be so in a large number of cases. An isolated patch of disease, and the rest of the kidneys remaining healthy, may carry on the functions of the organs sufficiently well as to produce no signs of Bright's disease, beyond a small amount of albuminuria derived from the diseased patch.

Luckily we have two kidneys, and a good deal of space in each of them.

Summary.—In the majority of the cases of functional albuminuria the albumin is present in the early part of the day—it is present on one or two examinations only—it is of extra-renal origin, and is of no moment. In a small proportion the albumin is persistent. These patients are often anæmic, and although the albuminuria is not dependant upon nephritis, the condition may very possibly indicate some radical feebleness of constitution, and it is open to question whether such lives are to be considered sound, or insurable at ordinary rates. In a few only the health is good, the albumin erratic in appearance and quantity, and the cause in these is quite uncertain.

THE FIRST FEE.

A consultation is a matter of great concern to the patient, though it may be of interest to the consultant, but, like all things, it must end, and then comes the commercial interchange which, for the moment, places the feelings of the doctor as much at the mercy of the patient, as the latter's tender spot was before at the mercy of the surgeon's fingers. Who does not remember the embarrassment of taking his first fee? With what a thrill you received the intelligence that at last, after waiting weeks with only gas collectors, paupers, rate servers, and such like calling, you are told that a real live person wishes to consult you professionally. Your young wife hears the good news, rushes down into your consulting-room to see that everything looks professional. You are made to put on your frock coat, your tie is put straight, you are told you look perfect, kissed, and then left that the patient may be ushered in. If you are a young surgeon, this is a period of anxiety—all sorts of ideas as to what you may be required for rush through your mind. Perhaps you are wanted for a rare operation you have only hitherto performed on the dead subject. Perhaps you have not the instrument required. But compose yourself, appear to be writing unconcerned at your desk, for here comes the patient. Whatever may be your awkwardness at feeling you are in a new position, your patient feels none. He has assurance enough for both. A middle-aged commercial man strides gaily in, and, as you rise, says "Oh! sit you down, doctor," as if the place were his; "don't disturb yourself, it is nothing much I am come

about. You know I knew your second cousin, Tom Robinson, at Rugby,—good fellow Tom Robinson,—says you will be a shining light some day. Well, to come to business, I have a little cyst I want tapped. I have been to Sir John Setfracture, Stanley Jones, of St. George's, and three or four others, but I thought I would come to get the latest thing." Highly flattered you feel as you open your bran new pocket-case, glittering with bright new instruments. "Look well polished as if they were not used much," remarks the patient, and your face falls as you stammer out something about it being very necessary to have surgical instruments *very* clean. "Oh, clean them after you use them, of course," says your tormentor, "but that trocar sticks rather to the cannula doesn't it?" Oh, why had you not seen to this, and put a little oil between, when the case was presented to you by your mother-in-law last week? It might have saved you this exposure. However, you pull yourself together, perform the little operation to the satisfaction of yourself and the patient, and then comes the trying moment so long anxiously looked forward to, how you are to accept or even to mention a fee. This does not trouble your patient, and as he picks up his hat and stick and rushes for the door, you feel a little relieved that he says nothing about it. At the door, he suddenly faces round and says, "Oh, I quite forgot about the fee, doctor." You immediately answer, "Oh, it does not matter at all." Unwise youth! your commercial friend sees his advantage at once. "Oh, thank you, thank you," he says; "you know I knew your cousin, Tom Robinson—good fellow Tom Robinson," he continues, as you follow him through the hall. You had forgotten to ring the bell, and therefore proceed to open the hall door for your tormentor, but your boy rushes breathless up from below as he hears the latch raised. "Boy not quite up to his work yet, I see," remarks your first patient, as he nods a familiar good-day, and this is the end of the first consultation.

Cheated and crest-fallen you drag your way back into your consulting-room where everything new now seems to reproach you. Confound those new instruments, you think, how they exposed me! Mothers-in-law, try how they will, never seem to do the right thing. Why did she not send me a five pound note? I could have bought a second-hand case for half-price and pocketed the rest. But another trial awaits you—a light step comes tripping down the stairs. That gay little wife has built a thousand castles with that first fee. It should be made into a ring and worn for ever after. No; it should be a brooch with the date engraved behind. No; a trinket for Fred's watch chain. Oh! suppose it is five guineas, we will go to Eastbourne till Monday. "Oh, Fred, what is the matter, you look so ill, was it very dreadful?" "No," you stammer, "but, but he did not pay the fee." What a collapse, and all this anticipation! but a common indignation brings a mutual comfort. Age will bring worldly wisdom, and an easy flow deaden the trepidation and lessen the anxiety associated with that first fee.

Correspondence.

To the Editor of Guy's Hospital Gazette.

XANTHELASMA ICTERUS.

Dear Sir,—While in England last year I remember seeing a very interesting and well-marked case of the above disease, in a woman under Dr. Pye-Smith's care in Mary Ward, and since my return to India I have come across two somewhat similar cases, which may perhaps be of interest to your readers.

Case I.

Bholla, Hindo woman, æt. 35. Palpable evidence of syphilis. Had seven children. Has for three years suffered from malaria fever. Liver and spleen both much enlarged and hardened. Yellowish white tubercular patches first appeared on left alæ nasi, two years ago, and thence in quick succession on right alæ nasi and upper and lower lids of eyes, more especially at outer canthus of left eye, and a year later on palms and backs of hands. Various medicines and local applications—European and native—had failed. Prescribed liq. hydrarg. perch. ʒ ss., iriden grs. ij., bis die, and lotio acid hydrochlor locally. After one month's treatment slight improvement was observed, but after that time she was lost sight of.

Case II.

Mrs. D. C., Eurasian, æt. 26. Four children. Frequently suffered from malaria and ague, for which she had taken large quantities of quinine and arsenic. Liver large and hard, no pain except on deep pressure. Spleen not enlarged but very painful. First seen Nov. 23, 1889, low fever and great debility; very constipated; brownish white tubercular patches on margins of both eyelids. That on the right side extending from external canthus almost to the lobe of the ear. Also on backs and palms of hands, and elbows. No irritation; eruption very symmetrical; sharp pricking twinges of pain occasionally felt beneath eruption. Ordered

℞ Syp. Ferri Iodid 3 gs.
Liq. Arsenicalis ɱ v.
Aq. ad. ʒ ij. ter die post. cib.
Euonymum gs. ½.
Iridin, gs. i.
Ext. Cascar Sagrad gs. iij.
ft. pil i., ij. omni nocte. h.s.s.

And lotio acid hydrochlor to be kept in contact with the eruption for half an hour, night and morning. Also good nourishing diet and maltine and cod liver oil thrice daily. At the end of the first fortnight there was a decided improvement both in the appearance of the eruption and in that of the woman. The eruption had shrivelled up, was much less prominent, and more nearly resembled in colour that of the true skin. Treatment has now been continued for two-and-a-half months, but the eruption is still visible on the margins of the eyelids. On the hands and elbows it has entirely disappeared. The fever has entirely disappeared, and the liver has returned to its normal size and condition.

Calcutta, Feb. 10, 1890. F. C. BUTT.

A CASE OF ANTERIOR DISLOCATION OF ELBOW.

Dear Sir,—When I last wrote to you a few weeks ago, I sent you particulars of a case of dorsal dislocation of wrist. In the next number of the Gazette "P" suggested that the case was one of separation of the epiphysis of radius and ulna, and expressed a hope that the joint would not be moved 10 days after the accident. For his benefit I must say that the joint was moved at the time stated and with the best of results—a complete cure.

I am writing now to send you an account of another rare dislocation (my veracity I am afraid will soon be doubted).

J. S., aged 20, came to the surgery the other evening and gave the following history. He was running to jump on the horse at the gymnasium when he caught his foot on the edge of the mat, tripped up and fell heavily to the ground on the palm of his hand, the arm being stretched out from his side to save himself.

The arm was semi-flexed on examination, and a dislocation of the elbow was easily made out, the olecranon and head of radius being displaced in front of the lower end of humerus. The lower end of triceps muscle was completely torn across, which was made out by there being no tense band attached to olecranon process and by there being nothing but skin over the prominences of the lower end of humerus.

The dislocation was easily reduced, and it was then found that the olecranon was not fractured.

The peculiarity of the case is the rarity of this dislocation without fracture of the olecranon, and the way in which the accident occurred.

Erichsen quotes five cases, but only gives the cause in one, which was due to a fall on the elbow. How a fall on the palm of the hand could cause this dislocation I am unable to make out.—Yours truly,

Burton-on-Trent Infirmary. W. G.

GUY'S HOSPITAL TRAINED NURSES INSTITUTION.

The annual report of this Institution has just been issued, and is in every way satisfactory, testifying to the continued prosperity of the Home. During the past year Wantage House, Grove Park, has been furnished for the reception of nurses when the house in St. Thomas's Street, is overfull, or when a nurse requires rest. A trained nurse is in charge, and there is sufficient room, after providing, for the nurses, to take in four or five convalescent women and children from Guy's, who with open wounds needing daily dressing, would be ineligible for ordinary convalescent homes. The expense of the maintenence of such patients is borne by the Samaritan Fund. Perhaps the most important innovation of the year affects the extern department of the Hospital. A trained nurse has been appointed to attend, without charge, some of the more serious cases connected with our Lying-in-Charity; and as there are over 2,000 of these cases in a year within a radius of a mile and a half round the Hospital, it is intended to employ a second nurse in a similar manner.

It has also been proposed to lend bags of linen to these patients at a small charge. The advantage of trained nursing for the extern cases cannot be overrated, and the results of the experiment have shown that it is not less a boon to the patients themselves than to those in attendance upon them. The number of nurses attached to the Institution is now 44, as against 34 in 1888, and the demand for their services is steadily increasing; 448 applications were received during the year, and nurses have been sent to all parts of the United Kingdom, and to the South of France. It should be added that with the view of retaining the services of valuable nurses, a special scale of remuneration has been introduced for every additional year of approved service.

Mrs. Wilson has resigned the office of Lady Superintendent, and Miss Bower, who was for some years a Sister at Guy's, and lately Matron of the Huddersfield Infirmary, has been appointed to fill the vacancy.

The audited balance-sheet for the year 1889 is as follows:—

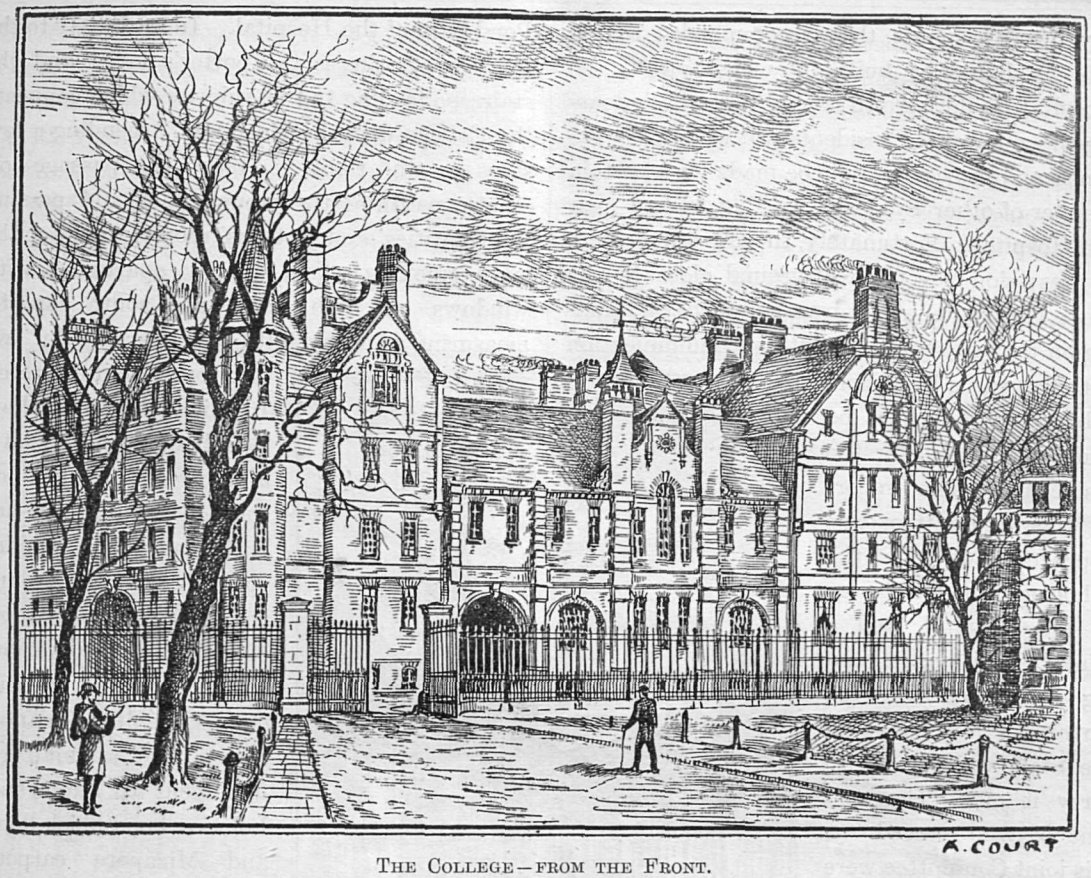
Receipts.

	£	s.	d.
To Balance from last Account	962	5	6
,, Fees received for Nurses' Services	2,360	17	2
,, Donation	15	0	0
	£3,338	2	8

Expenditure.

	£	s.	d.
By Housekeeping	263	1	0½
,, Stationery and Advertising	49	0	2
,, Telegrams, Stamps and Travelling	52	8	3½
,, Laundress	93	9	6
,, Salaries	1,107	14	9½
,, Uniforms	165	7	8½
,, Rent, Rates and Taxes	119	6	8
,, Furniture and Repairs	19	5	5
,, Subscription to "Samaritan Fund" of Guy's Hospital	5	5	0
,, Board and Uniform of 12 Probationers at Guy's Hospital	393	5	0
	£2,268	3	7
By Housekeeping at Grove Park Convalescent Home . . 66 3 2			
,, Rent, Rates and Taxes . . 57 12 8			
,, Furniture and Expenses of Opening the establishment 229 11 0			
,, Salaries and Wages . 23 18 6			
	377	5	4
	£2,645	8	11
To Balance*	692	13	9
	£3,338	2	8

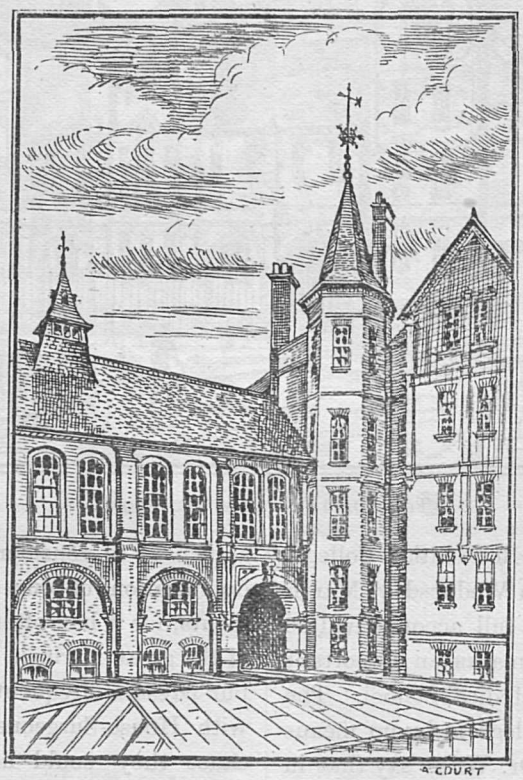
* In addition to this Balance the sum of £100 is due from Guy's Hospital for services of Probationers for the past year.



The College—from the Front.

THE opening of the Residential College, which took place on Wednesday, March 26th, 1890, and of which a full account will be found in another column, marks an important era in the history of Guy's Medical School. The idea of building such a College is by no means new, for we have heard Dr. Wilks say that in the time of the late Dr. Addison, more than fifty years ago, the erection of a College was then only waiting for the completion of certain legal technicalities. It has long been considered advisable to provide suitable accommodation for a certain number of Students within easy access of the Hospital, and the present scheme in fulfilling that object combines with it the enlargement of the Resident Staff of the Hospital. In the winter of 1887, a Committee was appointed to consider the question of the re-organisation of our Senior Resident Appointments, for it had often been said that, in spite of the great intrinsic value of the Dressership, our Dressers frequently suffered in competition with House-Surgeons from other hospitals, because they could not claim the latter title. By increasing the number of such senior appointments it was also felt that a larger number of Students would benefit by the valuable clinical experience they afford, and the work of the wards would be more equally distributed. This Committee, therefore, recommended an increase in the number of Dresserships, and the appointment of a House-Physician and House-Surgeon to each Physician and Surgeon; and as the present "rooms" could not accommodate

any more residents, they recommended that a College should be built, by which means the Hospital would have the opportunity of increasing the number of residents without extra expense, and provision would be made for a certain number of other Students wishing to live near the Hospital. Fortunately, the Governors were in possession of a piece of ground close to the Maze Pond gate, and it was found that a building on that site could be put in communication with the wards by a short subway, and thus be made serviceable for the residents. The report of the Committee was approved both by the School and the Governors of the Hospital, and a joint Committee, consisting of some of the Governors and some of the Staff, was formed to carry it out. The gentlemen who served on this joint Committee were Mr. Hucks Gibbs, the President, Mr. Lushington, the Treasurer, Sir Henry Peek, Mr. Harvey, Mr. Cohen, Dr. Taylor, Mr. Howse, Mr. Davies-Colley, and Dr. Stevenson.



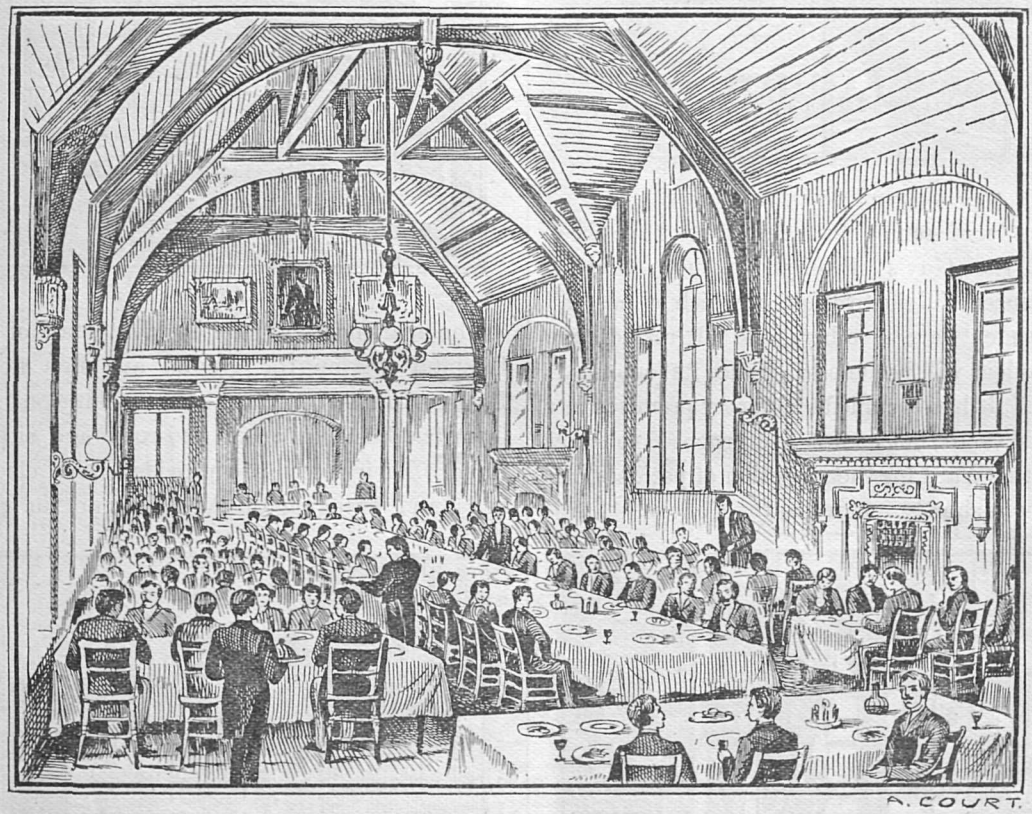
The Court Yard.

Their photographs, together with those of the Warden, Dr. Perry, and the Architect, Mr. Woodd, will be found on a separate sheet.

Excavations were begun in August, and the first brick was laid on November 26th, 1888.

The College is built in quadrangular form, of red brick, in what is known as a revised Elizabethan style. The front entrance, guarded by two handsome oak gates, is opposite the Maze Pond gate of the Hospital. Immediately to the right on entering is the porter's lodge and the staircase leading to the subway which connects the College with the Hospital. Ascending a few steps to the right we reach the passage on what constitutes the ground floor, and passing the Charities' and Externs' rooms, we enter the large smoking room, a lofty apartment with windows on both north and south aspects, measuring 27ft. by 46ft., and warmed by two large open Doulton grates. It is lighted by a Wenham lamp hanging in the centre and by gas brackets on the sides, and is furnished with comfortable sloping couches arranged around the walls, a good supply of arm-chairs and various sized tables, reading stands, a fine Japanese screen, and a small refreshment bar at one end. It has a wood block floor, and Mizapore carpets. There is a lavatory and cloak-room by the further doorway. From the smoking room access is gained to the gymnasium, for which space has been found by excavating the quadrangle. We owe this very valuable addition to the College to the liberality of Dr. Pavy, our Senior Physician. It is not yet completed, but promises to be excellently adapted for purposes of recreation. It is lighted by a raised glass frame-work in the centre, and measures 37ft. by 42ft. 8in. Close at hand are the baths, four in number, one of which has a spray.

The rest of the basement is occupied by the kitchen, sculleries, servants' hall, larder, &c. The kitchen has been fitted up by Messrs. Berry & Co. at a cost of £500, and contains a steam cooking apparatus, a large gas oven, and an ordinary fire-heated range. An adjoining recess will be used as a vegetable store-room and an ice-house. The kitchen is in communication with the dining hall by a lift, and there are two other flache, and is lighted by side gas jets. Two Sharland's grates afford a due supply of warmth both by means of their fires, and by causing the circulation of heated fresh air through pipes over each grate. When in general use the table d'hôte will be arranged down the centre, and there will be small side tables for light refreshment, as seen in the accompanying half-page illustration. Adjoining this is the serving room

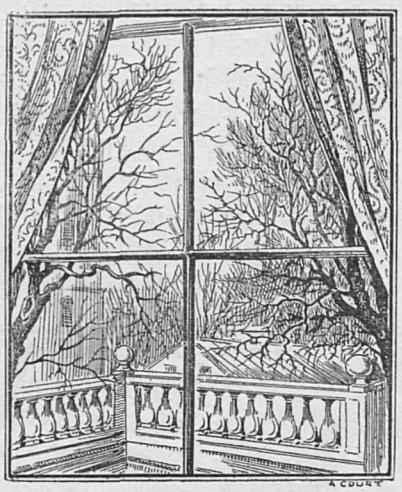


THE DINING HALL.

coal and luggage lifts, passing to the top of the building, all being worked by the hydraulic high-pressure system.

The dining hall forms the west side of the quadrangle. It is on the first floor, and looks over the Hospital grounds. It is a very handsome room, measuring 21ft. 6in. by 70ft., and is capable of seating 120 persons at dinner. It has an open pitch-pine roof, with a central and buttery, which are in communication with the kitchen by means of a lift.

On the same level, the first floor, but to the south of the quadrangle, is the reading room, which is very light and comfortably furnished with arm-chairs and couches. On one side the windows look over the quadrangle, and on the other they face due south. There is a handsome Doulton fire-grate, and small recesses for book-cases. The room measures 27ft. by 35ft.

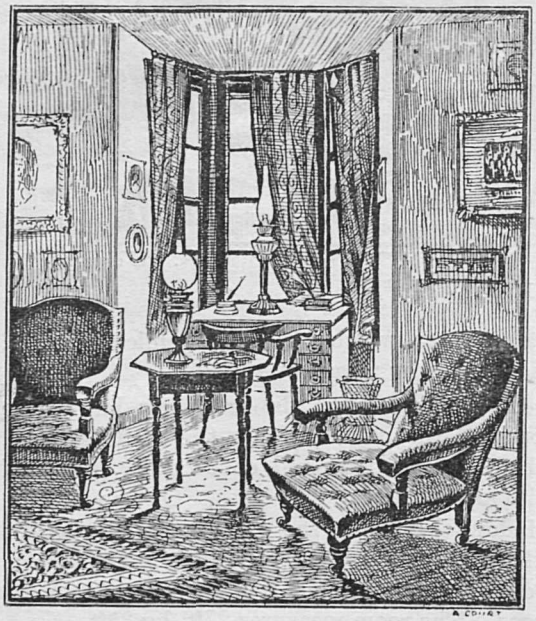


View from College Window.

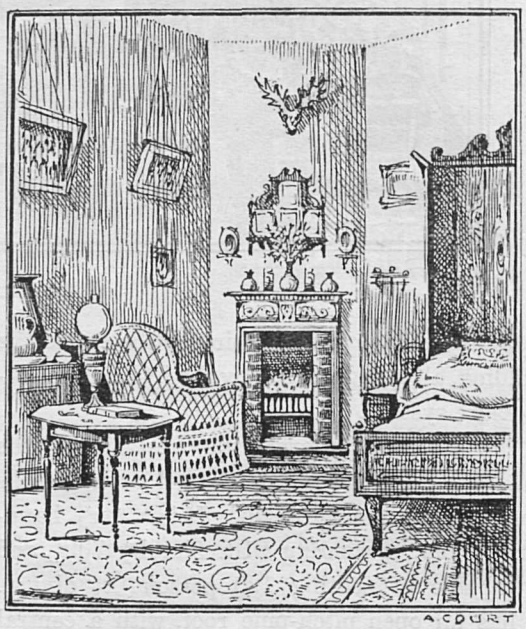
The large rooms just described have been let to the Guy's Hospital Students' Club, a most successful institution, of which almost all our Students are members, and all residents in the College will become so. Since its foundation in 1887, it has occupied temporary premises in a disused Ward; but as it is now proposed to throw open the Ward for the reception of patients, the Club will shortly remove to the College.

A Single Sitting-room.

The apartments for the resident staff of the Hospital are on the ground and first floors. Each House-Physician, House-Surgeon and Obstetric Resident has a bed-room and sitting-room. Their rooms are provided with electric bells and speaking tubes, which are in com-



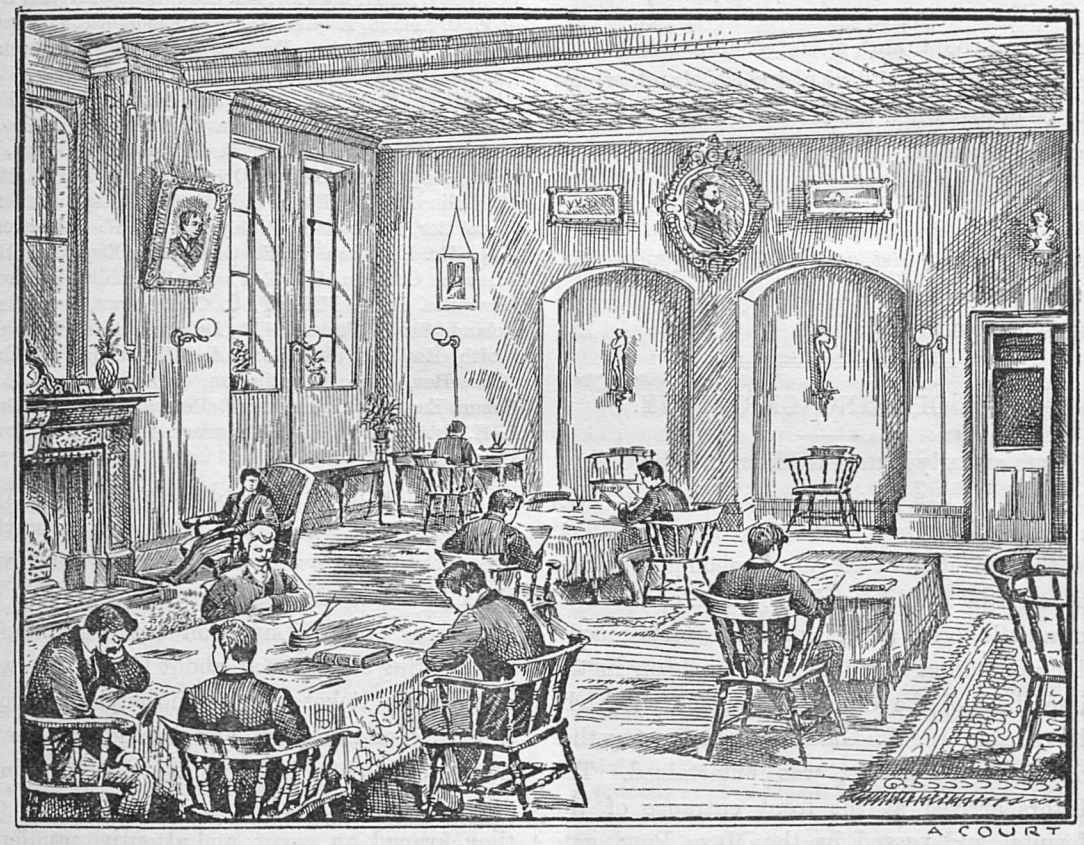
A Double Sitting-room.



An Alcove Room.

munication with the Porter's Lodge and the Surgery.

The sitting-rooms are adapted for one or two occupants; in the latter case they measure about 12ft. by 14ft. There are four double rooms and thirty-four single. The furniture of each sitting-room includes a Teale's grate, pedestal writing table, bookcase, cupboard, arm-chair, over-mantel, and a small tea table. concealed behind a bookcase. The wash-stand also can be closed up into a very small compass. All the rooms are numbered, and the doors of the sitting-rooms are fitted with card-plates, which will, no doubt, prove very useful to visitors. On each floor there is a slop-sink and dust-shoot, and the lavatories are furnished with Shank's Citizen Closets. In the attics above the third floor are lumber rooms, cisterns, &c.



The Reading Room.

The floor is stained and covered with a small carpet in the centre. The furnishing has been carried out by Messrs. C. & R. Light.

There are also ten combined rooms, consisting of sitting-room and bed-room in one. They are made very comfortable, and are supplied with the Standard folding bed, an ingenious mechanism whereby the bed, when folded up, is entirely

One illustration shows a sketch from one of the upper windows of the College, looking towards the Hospital. The trees in the park and the corner of the medical buildings are seen in the distance.

Another picture illustrates the interior of one of the large double sitting-rooms. It has a fine bow-window, in which a writing-desk stands,

and there are two very seductive arm-chairs. The pipe of peace is at hand.

On page 68, we have a representation of a single sitting-room, well appointed for the purposes of study, and most comfortably furnished. It is well lighted by two windows, and there is a large book-case, with a useful cupboard below. We presume the piece of furniture on the left is private property.

On the same page also is a view of a combined bed-room and sitting-room, neatly furnished, and provided with a wash-stand, which can be closed when desired and the folding bed mentioned above.

The view of the court yard on page 66, shews well the gables and the front entrance, looking from the south-east corner of the quadrangle. In the centre is the raised glass frame-work of the gymnasium.

THE OPENING CEREMONY.

From an early hour in the morning the College and its precincts were the scene of much activity in preparation for the event of the day. The weather, in spite of gloomy forebodings, turned out all that could be desired, and contributed not a little to the success of the entertainment. The proceedings began with a Luncheon in the dining-hall of the College, at which the Right Honourable W. E. Gladstone, M.P., together with some 90 guests, was entertained. The visitors arrived at the front entrance of the Hospital, and passed by the Maze Pond gate to the College, the traffic in New Street being for the time suspended. They were received by the President, Mr. Hucks Gibbs, and members of the College Committee in the Reading Room, and shortly after Mr. Gladstone and the Treasurer arrived. At 2 p.m. luncheon was served, the chair being taken by the President, who was supported on the right by Mr. Gladstone and the Treasurer, and on the left by Sir John Kennaway, Bart, M.P., and the Bishop of Rochester. The following were present at the luncheon—

Rt. Hon. Earl Leven and Melville, Major Gen. Sir R. Harrison, Sir J. Fayrer, J. Talbot, Esq., M.P., Abel Smith, Esq., M.P., J. H. T. Woodd, Esq., H. Cosmo Bonsor, Esq., M.P., Col. Ruggles-Brise, Sheriff Harris, Dr. Savage, Dr. Hale White, Dr. G. Eastes, The Head Master of Epsom College, R. Clement Lucas, Esq., Rev. C. H. Bowden, J. F. France, Esq., Dr. Steele, H. Bonham Carter, Esq., T. Bryant, Esq., The Master of the Goldsmiths' Company, Sir H. Longley, Ed. Cock, Esq., S. Hoare, Esq., M.P., C. Acland, Esq., M.P., Sir C. Fremantle, D. Powell, Esq., Dr. F. Taylor, Dr. Galton, Professor Reinold, Lieut.-Col. J. F. Curtis-Hayward, F. H. Norman, Esq., W. S. Seton-Carr, Esq., Dr. Manby, Laidlaw Purves, Esq., Sir A. Clarke, Bart., Dr. Pavy, Sir H. Longmore, A. Lafone, Esq., M.P., J. N. C. Davies-Colley, Esq., H. Vigne, Esq., Dr. Goodhart, Dr. C. A. Aikin, A. Pell, Esq., H. Colin Smith, Esq., C. Higgens, Esq., Professor Macalister, F. Newland-Pedley, Esq., J. W. Butterworth, Esq., Dr. Shipman, J. E. Gladstone, Esq., Rt. Hon. Viscount Cobham, Sir G. Paget, Dr. Wilks, Sir Trevor Lawrence, Bart., M.P., F. C. Carr-Gomm, Esq., Sir H. Acland, Sir G. Stokes, M.P., Dr. Pye-Smith, Oswald A. Smith, Esq., Dr. Stevenson, A. Mills, Esq., Gen. E. H. Clive, Rev. Preb. Whittington, C. Bader, Esq., A. L. Cohen, Esq., Dr. Price, G. T. Bettany, Esq., Dr. Brett, C. E. Groves, Esq., R. M. Harvey, Esq., H. G. Howse, Esq.

When filled, the dining-hall presented a very attractive appearance, the tables being prettily decorated with flowers kindly sent by Sir Henry Peek, who is an honorary member of the Students' Club. Luncheon over, and before the toasting commenced, about 150 visitors were admitted by ticket to the unoccupied space at the back of the room and behind the chairs. They were chiefly Students, and old Guy's men, all anxious to hear Mr. Gladstone speak, and they formed an eager and attentive audience, which the speaker did not fail to appreciate. A few ladies, including Mrs. Gladstone, Mrs. Lushington, the Matron, and friends of the College Committee, were admitted to reserved seats behind the chairman, after the luncheon was finished. The first toast, "The Queen," having been honoured, the President proposed "Prosperity to Guy's Hospital," coupling with it the name of Mr. Gladstone.

The President, H. HUCKS GIBBS, Esq.: The first toast requires neither prologue nor words of mine—it is "The Queen." (The toast was heartily received.) We are busy people, and this is my next and last toast—it is "Prosperity to Guy's Hospital." Very good fortune has followed Guy's since the days of its first foundation by Thomas Guy, and one of its good fortunes has been the establishment of this College. We owe it to the liberality and self-denial of the medical and surgical staff of this College (applause), and all those who are interested in the College ought to be most grateful to them. They have been moved by their desire for the good of the Hospital, by their desire for the prosperity of the School that appertains to it, and for the well-being of the young men who come here to be educated in the medical profession. I am sure we are all very much obliged to my right honourable friend who has come down to grace the occasion with his presence, and help us in declaring the College open. (Cheers.) It might be natural to think that it would be a refreshment to him after all the turmoil of politics to come to a place like this, which is far removed from politics, but he is so constantly delighting us with voice and mind, in all manner of things besides those troublesome things that occupy so much of his time, that I am sure I can hardly consider this a refreshment. But after all it is a change, and a change is delightful, because we have no politics; we leave our politics outside when we come here. (Hear, hear.) No, we do not altogether; we have some politics, and our politics are the good of this Hospital. (Hear, hear.) We have to look for the prosperity of the Hospital and for the healing of the sick and the best means of providing properly for those who shall come here to be taught themselves to be healers of the sick. That being the case, and all that we are doing here being for the good of the Hospital, it is no wonder that we have asked to come to declare this College open, he who is the senior Governor of this Hospital. (Hear, hear.) Therefore, gentlemen, when I propose "Prosperity to Guy's Hospital," I naturally couple with it the name of Mr. Gladstone. (Applause.)

The Right Hon. W. E. GLADSTONE: Mr. Hucks Gibbs, and Ladies and Gentlemen, in your significant and concise address you have, with great tact and skill, hit upon the only title which could possibly be pleaded on my behalf for the honour that I now enjoy, that of having my name associated with the prosperity of Guy's Hospital, and of being chosen as its representative, at all events on the present occasion. That title is, that I am the senior Governor of the Hospital (hear, hear); as a matter of fact I believe it to be entirely undeniable. My Governorship dates, I think, from the year 1833, a date long anterior, I imagine, not only to the manhood and to the adult age, but to the birth of the majority of those who hear me. Seniority, Sir, sometimes may be held to imply decrepitude, and, I am afraid, decrepitude does, in the fullest sense, attach to me in my capacity of senior Governor of Guy's Hospital. (Cries of "No, no.") I come here after a very long absence of years, perhaps decades of years, and that absence I should call truancy were it not that I can assure you (although I am aware that you must take it on credit), if you will only carry yourselves back with me some forty or fifty years, at that period I was a pretty constant attendant and took my share in the discharge of such duties as appertained to the position of a Governor. It has not been want of will, gentlemen, but want of power; the absorbing demands of other pursuits and occupations which have reduced me, I am sorry to say, in the capacity of Governor of Guy's, to a condition of total and absolute inefficiency. However, I may say, I am very glad indeed to have this opportunity at last of showing that my feeling of sympathy with this great institute; if it has been dormant for a long time—quite long enough to excite suspicion—yet it is not altogether dead. You could not have chosen an occasion more agreeable to me than inviting me, through the agency of your respected Treasurer, to take a part in the business of to-day. I can truly say that I am one of those who have benefited largely from the skilful tending power and the good advice of the medical profession, and both on that account and on other and broader grounds, I have felt for a long time, I may say almost during my life, a very lively interest in its well-being; and, indeed, I may say, in my opinion, there are circumstances connected with the medical profession which give it an extraordinary claim upon the attention of every observant man.

The Hospital is, as you observed, in its first aspect, an institution for the cure of the sick, for the discharge of a great Christian duty, which happily has long been recognised, and is thoroughly understood, and upon that branch or aspect of a foundation of this kind it would be totally unnecessary for me to spend a single word. But it is also the nursery of the medical profession, of those who are healers of the sick and who, in healing the sick within the walls of Guy's Hospital, likewise qualify themselves to become healers elsewhere all over the country, and to discharge one of the most essential duties that appertains to the union of mankind in political and civilized society. I cannot possibly look back upon the history of the medical profession without being impressed with the extraordinary degree in which it presents to us the most special features. There are three professions called "the great professions," and they are so called, not because there are no other great professions, but because partly on account of their vast extent and partly on account of their close association with the primary wants of mankind—namely, the profession of the law, the profession of the holy ministry, and the medical profession. If we travel back but a short distance in the course of time, I was going to say two centuries, or three centuries, which is but little in the history of our race, we find the medical profession almost without recognised existence. It had luminaries in distant times here and there that stand out upon the waste as objects of great interest, but as a continuing profession, filling a great part in society, enjoying respect in a high degree, recognised as a great

member of the body politic, it could hardly have been said to exist. How singular are its origins is traceable, I apprehend, to two sources. The first of them, the observation of nature, which produce the herbalist, and the other of them the discharge of the very humble function known as that of the barber who relieved mankind from appendages about his visage which were once deemed to be superfluous, but which, of late years, have again come into great favour. In speaking of the herbalist, I am not aware whether botany now forms a recognised branch of the medical education, but I cannot help wishing that it did, and hoping that it may in the future, first of all, not only because it is in itself a most beautiful and interesting study, exercising the mind without fatiguing it, and stimulating the imagination without leading it astray, but also, because I cannot help wishing, although I know it is too much to expect of our actual medical men, that they should be careful observers of nature, yet in their younger years, before they have entered on their great career, I cannot help wishing that they had the habit of noticing all the qualities of plants which are so remarkable and powerful in their healing capacities. Perhaps, Sir, you will think it almost ludicrous, if I were to tell you a little anecdote of my own, which is of the very simplest character, and it is so small and so slight as almost to be contemptible, but still it illustrates what I mean. I have been given, as is pretty well know, or, at least, I have been given to the pursuit of wood-cutting (applause). Gentlemen, from a pure accident, I drew my fingers the other day along the edge of the axe which was lying close by, and which was tolerably sharp, and cut my finger. Upon searching about me I found I had no handkerchief available. I wanted to staunch my little wound. Not having a handkerchief I got a leaf and put it on the wound. I am bound to say this was not the result of botanical knowledge, but it was a purely empirical proceeding on the chance of the quality of the leaf. But there was a curious result. I knew the time it took ordinarily for a cut of that kind to heal. I knew the time nature occupied in healing a little breach of continuity, and when I put on the leaf, I assure you it is the fact, that it healed in exactly half the time. It is hardly worth mentioning such a thing as I say, but I cannot help having the belief that there are good treasures in nature more than have heretofore been explored in every branch (applause). To make medical students, before they have come to their great responsibilities, observers of the great qualities and capabilities of plants, I cannot help thinking that some good will be done.

Now let us look at the extraordinary change which has happened in the development of the medical profession. As I have said, in the competition with the other great professions, only a comparatively short time back it was nowhere—it did not stand in the competition. Of course there is the great name of Harvey, but, as regards social position and social influence, the time of Dr. Friend and Dr. Mead, early in the last century, was almost the earliest time to which one could point, at which the medical men of this country had assumed a position of influence and power, and a general recognition. Even at that time I remember to have learnt from a most eloquent and striking lecture delivered by Sir James Paget (applause) on the subject of surgery—even at that time the surgical branch of the profession, now eclectic and elevated to full equality with the sister portion of it—the surgical branch of the profession was in a very low position. I think Sir James Paget told us, if I remember right, that it is only from the time of Hunter that the beginning of its equality with the medical branch of the profession can be said to date.

Well, Sir, that profession has been rising steadily in power and in influence and general respect from that day to this. My belief is, and long has been, that it must continue to rise; that the growth of civilization, as we call it, which is a large and comprehensive, but also a very loose and undefined phrase, carries with it the production of many new forms of human infirmity and disease. The new wants which are arising in the medical sphere, are the opportunities of the medical man. He sees human nature at the point of junction between mind and body with a greater nicety and on a larger scale than any other person; and, from social considerations, and likewise from the immense and steady advances which he makes in the knowledge of his great service he is from year to year—not only from generation to generation, but from year to year—becoming a more powerful and more important person as man and as a portion of the great social machine. This position, Sir, is, in many respects, I think, singularly fortunate and favourable. In the first place, I am inclined to doubt, within myself, whether, even as regards the mere question of remuneration, the medical profession does not offer, upon the threshold of it, as good opportunities, and as much prospect of, in some cases, even liberal returns with as little risk and even less risk than the other professions to which I have referred. I do not think it would be an extravagant proposition to hold that, taking an average of the entrants into those professions, probably in the last few years it might be said that the medical profession, scattered over the country, did better, in the sense of self-support, than either the young lawyer or the young clergyman. As to the headships of the profession, and as to the pecuniary return which it then brings, I know very well from what I have been told by Sir Prescott Hewitt and others as to the enormous difficulty of obtaining a prominent position here in London, or perhaps even in other great social centres; but when it has been attained, I rejoice to think that it may lead, amongst other advantages, to the possession of a great fortune. I believe there are no persons who exercise a greater benevolence than medical men (hear, hear), either in money or position, or more especially in the bestowal of that, which unquestionably is money, for them, namely, their time, their thought, their care, and their anxiety. (Hear, hear.) We have all observed—we must have observed, I think—the very considerable fortune which was attained by a man respected by all

RIGHT HON. W. E. GLADSTONE, M.P.

HENRY HUCKS GIBBS, ESQ.
(*President*).

E. H. LUSHINGTON, ESQ.
(*Treasurer*).

SIR HENRY PEEK, BART.

RICHARD M. HARVEY, ESQ.

ALFRED COHEN, ESQ.

FREDERICK TAYLOR, M.D.

H. G. HOWSE, M.S.

N. DAVIES-COLLEY, M.C.

THOS. STEVENSON, M.D.

E. C. PERRY, M.D.

J. H. T. WOODD, ESQ.
(Architect).

who knew him, and whose eminence in his profession requires no word of testimony from me; I mean Sir William Gull (hear, hear), a man whose name forms among medical men one bright ornament of this Hospital —perhaps one of the very foremost, if not the very foremost. Gentlemen, I do not take a merely economical view of this question of the creation of medical and professional fortunes. I am delighted when I hear of great fortunes being made in this country which are not merely commercial. It is, of course, an excellent thing that great fortunes should be made by commerce, that is to say, by the handling of money, and by supplying the country with materials; but the absolute domination of fortunes of that kind, I think, is not so desirable, and it may be exceedingly beneficial that their power and influence should be qualified by the acquirement of other great fortunes such as now, and almost for the first time, we find beginning to be created by medical men; I am happy to say, also, by artists, not certainly, by ecclesiastics. (Laughter.) It was once a reproach to them, I believe, but now it has ceased to bring upon them any discredit or suspicion whatever, because of the very different and distinct state of things existing now; no doubt by lawyers large fortunes have been made, are being made, and I hope will continue to be made, but I rejoice to think that the day has at last come when a medical man, who certainly spends his intellect, talent, and strength as freely in the performance of his duty as any member of any other profession whatever, may likewise be able to make a competent and even a large provision for his family.

Then there is another point on which I contemplate the position of this great profession with singular satisfaction, and that is its independence. It does not rely upon endowments; it relies on its own exertions directed to meet human wants. There is no profession—no great profession at least—which has so little to say to the public purse, or which so moderately and modestly dips its hand into that purse. (Applause.) I say that is not only in the interest of the public, but in the interest of the medical profession. It is eminently self-supporting, and rely upon it, that principle of self-support does much to maintain its honour and its independence, and to enable it to pursue its steady march to the times that have come, and to the times that are coming, to form its own convictions, to act on its own principles, without fear or favour, for the general benefit of mankind. It is impossible not to associate these general considerations with the marvellously progressive character of the profession in its power and influence, as well as its knowledge, on such an occasion as this, when we have met together for the purpose of celebrating the foundation of a particularly subsidiary institution.

Now, Sir, let me say a word, if I may, upon the nature of this institution which has led to the creation of the building under the roof of which we meet to-day. I suppose it may fairly be described as aiming at more objects than one. I have no doubt it aims, in one most palpable and most effective method, at direct professional utility. As has been most truly said, you must make great efforts now to collect your medical students under your own roof, because locomotion has become so easy, and dispersion has become so general, and the cheapness of lodging elsewhere is naturally so attractive that it is most important for you, if it is important at all, to have the students near the Hospital, that you, and other institutions similarly circumstanced, should attempt to give them lodgment if possible, and even on a larger scale to give them social advantages for the purposes of making it worth their while to continue in the neighbourhood of the Hospital. You are dependent largely, I understand—I know not whether principally—but I cannot be wrong in assuming that you are very largely dependent upon the introduction into the Hospital of cases which have occurred suddenly and fortuitously, of which there is no notice, of which nothing is known beforehand, and in respect to which, if they are to be seen in their most critical condition, and if the lessons they teach are to be derived from them, it is essential that your students should be close at hand. Obviously shelter of this kind, both in its direct effects, in housing a considerable number of students, and its indirect, but still very powerful, effect of making the neighbourhood an attractive and advantageous neighbourhood to a very much larger number of students, must be of great importance in keeping your men near their work, and enabling them fully to profit by it, but it is a part also of a larger subject, namely, the elevation socially and personally of the medical student as such. He has had great difficulties to contend with in former times. He found himself as a young man, and often as a young man of very limited means, and often, in those days, as a young man of very limited education, plunged in the great ocean of the London population without guidance and without check, with all temptations round him, and none of the advantages of domestic life—in fact, in a position that, for his moral and spiritual being, was a dangerous position.

Now, Sir, it is very interesting to look back on the beginning of the first movement for the purpose of applying an antidote to that state of things, and if I were to name the absolute beginning—the very first indication of a want in that respect—I should refer to the publication of a pamphlet which I read with profound interest 50 years ago. That was published in the year 1840. It was the anonymous production of a medical student, and it set forth with great and sagacious discernment, and with touching and pathetic eloquence, the difficulties in which he was placed and the necessity for large measures of reform. The publication of that pamphlet was to me at the time, and has been ever since a matter of very great interest, and to you I think it may be a matter of some interest when I tell you that its distinguished and respected author is now among you sitting at this table, and that his name is a name ever honored in England, and most prominent in the west of England, I

mean my respected friend Sir Henry Acland (applause). There was another gentleman also Governor of Guy's Hospital, Sir Thomas Acland, one of my contemporaries at Oxford, and a contemporary of Archdeacon Harrison, with whom we had a friendship which led to our being appointed Governors here at a very early age. Sir Thomas Acland, even at that early period, having the eye of a philanthropist, had applied his mind to the consideration of this question, and was regarding with sympathy every effort that was made, or was beginning to be made, in supplying the wants that I have described, the crying wants of the medical students of that day; and I believe here, Sir, I ought to name one of the most distinguished men that either now or at any other period, has ornamented the ranks or the annals of the profession—I mean Sir James Paget (applause), who began very early in life to be closely associated with the first regular and systematic efforts which were made for the purpose of making a provision, something like that which you have now been applying on a larger scale, for the social wants of the students at St. Bartholemew's Hospital, and the first effort to bring them under a common roof and give them the advantages of a common life.

Now let us come to this particular Institution, for I have already said much, perhaps more than I ought to have said (no, no), but I must still say a few words upon the special effort which you have made and which has called this meeting together which I see around me. Sir, I am very greatly struck, not only with the excellence of the end you have in view, but with the remarkable energy with which that end has been pursued and with the character of the means which have been employed. You have, as a body, depended only upon yourselves—and when I say "yourselves," I mean in this instance your medical and surgical staff—I believe in other respects the eminent senior physician of the Hospital has testified his bountiful interest in this College. (Applause). The present subject is the particular means by which this excellent Institution has been brought now, I may say, to its birth, and is now about to assume the discharge of its functions with full efficiency. Here you have some scores of young men with all the advantages of a collegiate education so far as regards the profession to which they are to be devoted and advantages as regards the care, and order, and discipline, and association, gathered together under a common roof and within common walls. Here there will be greater social attractions attainable at very moderate charges in point of expenditure, which, as you hope, and as I think reasonably hope, will extend the influence of the College to a very large proportion, if not to the whole of the very numerous staff of young medical students whom you have in connection with this Institution.

But, Sir, I must say one word on another branch, and that is upon the management of the finance by which this admirable building has been brought into existence. I call it an "admirable building," although it has been erected under conditions of severe and stringent economy. The architect has not been led into the temptation which has beset, and I must say I think in many cases of our great buildings, has misled the architects of the day by inducing them to drown the proportions of their fabrics in a profusion of ornament out of all bounds and relation to the laws of propriety and beauty, but, working under these severe conditions I believe you are all of opinion—certainly it is the best opinion I can form—that your architect has produced not only a convenient, but a highly creditable building of which London and this neighbourhood can have no reason whatever to be ashamed. (Hear, hear.) Now how were means obtained? You have spoken, Sir, I think of the self-denial, of the enlightened self-denial, of the medical and surgical staff of the Hospital. Most heartily do I re-echo that sentiment; but permit me to say, as a very old Chancellor of the Exchequer, as a man who long ago had a hand in the management and care of the public monies, that I am extremely struck with the financial scheme, the happy nature of the idea which supplied, without any danger, I believe, to anybody, the solid basis of credit on which you have, without difficulty, been able to raise the means for the erection of this College. When Gray looked at the churchyard which became the subject of his memorable elegy, it occurred to him, in contemplating the village near it, that in that village there might lie hidden some personages analogous in power, and probably in usefulness, to the great men of our history; some village Hampden might reside there though still unknown; in the same way, Sir, I assure you it has occurred to me that latent in the body of the surgical and medical staff of this College, it is highly probable that there may rest still latent some excellent Chancellor of the Exchequer. (Laughter.) They may have some excellent financial devices or expedients. At the first beginning of my political life I had to consider financial schemes, and I heard of some only the evening before last, and therefore I am pretty fresh from the consideration of them, but I do assure you that I do not think I ever heard of a more felicitous idea combining boldness and enterprise with the spirit of self-denial, and both of those with financial safety, than in the proceedings of your medical and surgical staff when they determined to appropriate their fees in the future to be the basis of this financial operation. They knew very well that mankind, as long as it exists, is likely to fall into infirmity and disease, and to be the subject of accidents, and they knew very well there must be helpers and healers for those accidents, and those diseases. They knew that there was here a pretty secure provision, and they ventured the means of their own substance and subsistence, and they did it, I believe, with as much security to themselves as they did it with immense public spirit and immense generosity as regards the great interest involved (applause). It must not be supposed that when I say that I regard it as a safe investment, that I mean to diminish the credit due to the self-denial and generosity of the body. On the contrary, if they had not been generous and self-denying they never would have dreamed of doing such a measure as this. Selfishness

is always suspicious, and suspicion commonly misleads itself. It was enlightened benevolence which enabled them to discern the wisdom of the plan which they adopted, and I feel convinced that that wisdom will be verified and substantiated by the experience of the future. If you want a better judgment than mine on the matter of the felicity with which you have raised the money, the moneyed men of London have taken a business-like view of this matter, as it was their business and duty to do, and they have attested the wisdom of the whole proceeding. In fact, Sir, I do not know of a case in the whole circle of the topics which offer themselves naturally for consideration, which can afford a more satisfactory assemblage than those which occur to the mind on the present occasion. I earnestly hope, and it is my concluding sentiment, that however little worthy I may be to speak on behalf of Guy's Hospital, we may regard this day as a great and happy day in its history, and as being a step onwards, both in its professional and in its moral position, as a day full of satisfactory reflection for the present and past of all connected with it, and full of the happiest and most confident anticipations for the future. I therefore trust that that sentiment which you have delivered of prosperity to Guy's Hospital, will be found to be no mere dream, even of benevolence or philanthropy, but will be found to be a solid and well-built calculation, if so, I may call it; upon the rational application of sufficient means to the attainment of good and philanthropic ends, and that the name of this Hospital may be raised higher than ever in connection with the important enterprise which we have this day specially celebrated with so much honour to all those connected with the institution, but especially to those who constitute its right arm, namely, the medical and surgical staff. (Applause.)

The Treasurer (E. H. Lushington, Esq.): Mr. Gladstone, on behalf of this large and important assembly, I have to offer to you our most grateful thanks for the admirable and interesting speech which you have made to us this afternoon. The subject of the construction of the College has been long before the Governors and the Medical Staff; and nothing but the trouble into which we fell prevented us from undertaking this duty before. By "*the trouble*" I mean the loss of our income, whereby we were reduced from £50,000 a year to £35,000 a year, our anxieties to provide for the patients and our having to go cap in hand to the public to ask them to help us out of difficulties after we had spent our all for 150 years of time in the relief of the sick. It is not my business, nor would it be proper on this occasion for me to say how nobly the public responded to our appeal, but it is a pleasure always to keep gratitude green, and there is a sense of favours to come when still more may be done in the future. This great Institution may be said to consist of two separate interests, and yet, at the same time, to be so closely linked together that I can only properly describe them as being two bodies with one soul. We have on one hand the care and relief of the sick, and, on the other hand, we have the instruction of the students connected with the College. It is on the latter point only that I desire to offer a few remarks. The instruction of the body of students depends almost entirely on the pains of the medical staff. They spare no trouble, not only in giving lectures themselves, but in providing most distinguished lecturers to give lectures in the various departments. The Governors have ever been ready to build museums, lecture rooms, and provide all those appurtenances which are so absolutely necessary for the education of medical students. A student has probably to spend upwards of four years here undergoing severe tests and examinations, and employed in the various minor departments until he is pronounced fully qualified. Here, perhaps, I might be allowed to make a slight divergence, and I am sorry that the Right Honourable the Secretary of State for India has not the opportunity of hearing it. It is this—that when a Bengal civilian was pronounced to be fully qualified for the public service, there was, in former days an old and distinguished governor who always gave this answer and who said, "send him where you like, but wherever you send him he is sure to begin with mischief."

Now, Sir, I can say, after fourteen years' experience here, as a Treasurer, that send a medical student where you like, after he has undergone his five years of training, he is sure to be good. (Hear, hear.) He passes from us into various branches of the medical profession, and is connected either with the State Infirmaries and workhouses, the prisons or other places, or becomes attached to the Military or Naval Department, or also he goes abroad, perhaps to distant countries. I am glad to say his knowledge and his instruction go with him. But I am bound to tell you that there is an exception to this, and that is this—the medical staff very properly pick out the best of them at once and do not let them go any where. We convert them into lecturers, and give them minor appointments, and they are gradually brought on to the staff, and, lastly, after some years they become not only distinguished members of this staff, but they also enjoy lucrative west-end practice. This I hope will be the end of all who are now here assembled and listening to me. (Hear, hear.)

Now, gentlemen, one word about the College, before I sit down, and it is this. Our right honourable Governor has told us of all the advantages that may be reaped by the students who take rooms in this building. But, Sir it is absolutely necessary that there should be some head of this building who would warn, direct, and guide our students in the right way. We may have a village Hampden, I cannot say how that may be, but we certainly can now boast of an able and willing Warden, a gentleman who was formerly captain at Eton, who is a Member of the University of Cambridge, and who has shown such extraordinary energy and capacity in connection with the College, that I feel sure that he will enable us to carry through this venture in the best possible manner. (Hear, hear.)

Let me thank you, Sir, very sincerely, for the excellent address which you have given us, and I should like to add on behalf of some members of our staff who are absent, and especially on behalf of Mr. Durham, our senior surgeon, how very much he regrets not being here (he being ill and absent abroad), and how thoroughly he appreciates the interest which you take in us. (Applause).

Mr. and Mrs. Gladstone and some of the visitors were then shown over the different rooms of the new College and over some of the wards of the Hospital, and the Right Hon. Gentleman was vociferously cheered on leaving.

At the conclusion of the ceremony, Mr. and Mrs. Gladstone, accompanied by the President and Treasurer, formally opened the College, and paid a visit to many of its rooms. Returning to the Hospital through the Maze Pond entrance, amid an enthusiastic crowd of Students, he spent a few moments in our Accident ward, and then bade a cordial farewell.

THE RECEPTION.

After Mr. Gladstone had left, the Governors and Medical Staff held a reception in the College, which was very well attended. All parts of the College, as well as the wards of the Hospital and the school buildings, were thrown open for inspection. Refreshments were served in the smoking room of the College, in the old rooms of the Students' Club, and in the Governors' Court Room, and the proceedings were enlivened by the band of the M Division of the Metropolitan Police. Among those present we noticed many old Guy's men with their friends: Drs. W. C. James, Berry, Sydney Turner, Burgess, Starling, Morse, A. L. Scott, Randell, Alfred Scott, Gibson, S. O. Stuart, Park, Frost, E. W. Phillips, Muspratt, Fowler, F. K. Holman, Shute, and Dr. and Mrs. Adeney, Dr. and Mrs. Blatherwick, Dr. and Mrs. Beard, Dr. and Mrs. Creasy, Dr. and Mrs. Walshe Owen, Dr. and Mrs. Counsell, Dr. and Mrs. J. B. Berry, and Dr. and Mrs. H. L. Evans.

The large rooms of the College, the smoking room, the reading room, and the dining hall, were very generally admired, and great interest was shown in the kitchen and the departments pertaining thereto. The sitting rooms were visited, and were considered very pretty; one or two which happened to be fully equipped in the matter of furniture, and decorated with flowers, certainly merited the praise and attention they received. After inspecting the College the visitors were conducted over the wards, the Chapel, our Royal Academy, and the various School buildings, and departed, having spent a very pleasant afternoon.

Hospital News.

INTERESTING CASES.

Stephen	3	Right hemianopia and hemianæsthesia.
	5	Ascites: pleuritic effusion: malignant disease.
	19	Tubercular peritonitis, &c.
	24	Acute nephritis.
	27	Aortic disease. Optic atrophy.
	39	Acute nephritis.
Philip	7	Paraplegia; phthisis.
	9	Anasarca; pleuritic effusion; cause?
	13	Insular sclerosis.
	18	Thoracic aneurysm.
	25	Spinal pachymeningitis.
	30	Myelitis; descending sclerosis
	39	Mitral stenosis; right hemiplegia; aphasia.
Mary	1	Enlarged cervical glands; laryngitis; ? tubercular
	4	Mitral stenosis; right hemiplegia; aphasia
	13	Pneumothorax.
	17	Hysterical paraplegia and hemianæsthesia
	18	*Glycoueria; retinal hæmorrhages.*

APPOINTMENTS.

Bodmer, R., F.I.C., F.C.S., appointed Public Analyst to the St. Saviour's District.

Brock, E. H., M.B., B.S. Lond., appointed Resident Medical Officer to the Royal Chest Hospital, City Road.

De'Ath, G. H., L.R.C.P., M.R.C.S., re-appointed Medical Officer of Health of the Buckingham Rural and Urban Sanitary Districts.

Dowson, John, L.R.C.P., appointed Surgeon to the *Victor Emanuel*, R.N.

Goodall, E., M.D. Lond., B.S., M.R.C.P., has been appointed Pathologist to the West Riding Asylum, Wakefield.

Passim.

Of the present number of the Gazette twenty thousand copies will be issued, and we trust that not only all Guy's men, but the whole of the medical profession will to-day be in a position fully to appreciate the courage and enterprise which has been displayed in connection with the erection of our College.

Every one who has considered the facts must have admitted that the financial problem involved in the College scheme was very admirably solved by those who carried the matter through, but Mr. Gladstone's compliments must, nevertheless, have been very agreeable hearing to the gentlemen concerned. He considered the scheme worthy the genius of a Chancellor of the Exchequer. After this, who shall accuse the medical profession of being unbusinesslike.

We wonder what were Mr. Gladstone's feelings as he beheld the crowd of Students falling back in double line to receive him as he walked down the colonnade. If he feared any criticism, based on the methods of the old Lant Street days, he was speedily undeceived, for he received an ovation almost as unanimous as it could have been were there no such things as politics or party passions. There were some, indeed, who felt it incumbent upon them, no doubt as a matter of conscience, to make prominent in their buttonholes the yellow emblems of dissent from his policy, but there were few present who could not welcome Mr. Gladstone as our senior Governor, and applaud his kindness in undergoing the fatigues of the afternoon on behalf of the Hospital.

"What's 'appened to 'im"? asked a puzzled member of the crowd outside who could not conceive of a visit to the Hospital unconnected with surgical or medical necessity, "'urt 'imself with his hax"? "Not a bit of it," replied a bystander, who had evidently heard of the recent residence at Oxford, "he's going to be a stoodent!" Neither was wholly wrong, as Mr. Gladstone himself testified in his speech, for he did hurt himself with his "hax," and immediately became a successful student of therapeutics.

As Mr. Gladstone was standing in the archway of the College, in company with the Treasurer and many of the guests, he gracefully submitted to be photographed by Mr. J. Russell, of Wimbledon, who was stationed in the quadrangle. The bright weather should ensure the success of what must certainly be an interesting group for Guy's men.

The plan of admitting a large number of old Guy's men and Students into the dining-hall after the conclusion of lunch answered admirably. The entry took place without any disorder, and Mr. Gladstone must have appreciated the greatly increased audience which it afforded him. There were some thirty or forty tickets available for Students, which were ballotted for, and much prized by those who were lucky enough to obtain them.

We postpone to our next number an account of the closing meeting of the Physical Society, at which Mr. A. J. Sharp's prize essay on Heredity was read, and also a report on the Volunteer Staff Corps, by Sergeant C. E. Pollock. The secretaries of the Physical were able to give a very satisfactory report on the past session, the attendance at the meetings having been better than for five years past.

It has been decided at a recent meeting of the Committee of the Guy's Hospital London University Club, that any graduate or undergraduate of the London University, who is a Guy's man, joining the club this year, shall be considered an original member. Further particulars can be obtained from the honorary secretary, Dr. Horrocks.

The Hospital has been in luck's way financially during the past ten days. A gentleman, quite unconnected with the Hospital, having called at the Counting House and left a cheque for £1,000 with Mr. Williams, after having made an enquiry about a patient he was interested in; this being his second donation of a like amount. Under the will of the late Mr. Robson Jones, the Hospital benefits to the extent of £2,600, being one-sixth of the residue of his estate, such residue to be divided under the will amongst six institutions that had a paid resident Chaplain belonging to the Church of England amongst its officials.

APPOINTMENTS FOR THE MONTH OF APRIL.

The following gentlemen will be on duty as House Physicians, commencing April 1st:—A. D. Fripp, L.R.C.P., M.R.C.S.; A. E. Norburn, L.R.C.P., M.R.C.S.; A. T. Brown, M.B., B.S. Lond.; J. P. Pendlebury, L.R.C.P., M.R.C.S.

As Assistant House Physician—J. Gill, L.R.C.P., M.R.C.S.

As House Surgeons, commencing April 1st—A. T. MacConkey, M.B., B.C. Cantab.; S. W. MacIlwaine, L.R.C.P., M.R.C.S.; H. J. Holman, L.R.C.P., M.R.C.S.; J. W. Smith, L.R.C.P., M.R.C.S.

As Assistant House Surgeon—P. Paget, L.R.C.P., M.R.C.S.

As Resident Obstetrics—H. V. Hickman, L.R.C.P., M.R.C.S.; R. G. P. Lansdown, L.R.C.P., M.R.C.S.

ARTHUR DURHAM PRIZE FOR DISSECTION.

SECOND YEAR.

	Marks for Special Dissection.		Average Marks during Session.				
J. B. Leathes (Prize)	12	+	17	6	=	29	6
W. C. C. Clark ...	15	+	13	6	=	28	6
W. Poole	12	+	15	9	=	27	9 } equal
C. S. Pantin	11	+	16	9	=	27	9 }

FIRST YEAR.

H. W. Collier (Prize)	16	+	17	4	=	33	4
J. J. Coleman	18	+	14	8	=	32	8
G. L. Eastes	16	+	16	0	=	32	0
J. A. Howard	16	+	15	8	=	31	8
G. E. Manning ...	17	+	14	4	=	31	4
A. H. Leete	15	+	16	0	=	31	0

The maximum marks were 20 in each division respectively.

March 21, 1890.

SURGERY AT GUY'S.

The fathers of the students who are now entering the hospital would have much to learn after twenty-five years' absence, if in the meanwhile they had not followed the literature of their profession. Theirs was the day of stiff joints and reeking poultices, which found an appropriate epitaph in the hackneyed title of "Rest and Pain." Large abscesses were then left to become absorbed, sprained joints were fixed for so long a time that bone-setters came forward to teach surgeons their duty; amputation was championed in preference to excision of the bone, and tubercular joints formerly were left to suppurate before any active treatment was adopted. Lint steeped in plain water was the common dressing, and the lecturers boasted that simplicity in dressing wounds was a characteristic of the age. They had thrown over the balsams and tarry preparations of a former time; even that ancient and excellent antiseptic, "friar's balsam," was cast on one side. "Ye may try what ye like," said Fergusson, who was the typical surgeon of that day, "but ye'll find naething sae gude as water dressing."

Who does not remember the silk ligatures, taken out of a dusty box, that were used to tie the vessels, and the appearance of a stump when finished, with its faggot of ligatures hanging out at the end? Then, after a few days, came the tugging at the strings, and too often that terrible consequence, "secondary hæmorrhage," now unknown and almost forgotten. More ominous, and yet of frequent occurrence, was that horrible rigor, followed by heat and sweating, which as a rule ushered in pyæmia. On examining a stump after such a warning, the surgeon felt relieved if he saw a red blush indicative of erysipelas as the lesser evil. These dreadful demons of the past no longer affright us, and when met with are usually imparted from without. Some may remember that outbreak of hospital gangrene in Naaman ward, when every wound took on a phagedenic character. Such an epidemic would not now be possible. But antiseptics have done more than add to the safety of every-day operations. They have extended the art of surgery more than anything since the introduction of anæsthetics. Some may remember how a surgeon, bolder than his colleagues, divided through an open wound a tibia for bowed leg; but the result was such that he never again attempted the operation. Yet now leg and thigh bones are divided by the hundred, without the slightest fear of ill result. Others may remember the advice laid down for the treatment of loose cartilage in the knee-joint: that if it could not be cured by fixation and rest, the surgeon might be so bold as to use a tenotomy knife, and having divided the capsule, gently squeeze the body into the cellular tissue and allow it there to remain. They may remember a case where the surgeon went further, and proceeded to extract the loose body, and how acute suppuration of the knee followed, and ended in death from pyæmia within a fortnight; but what would be thought of a surgeon who hesitated to operate by the

direct method now, protected as the knee would be by antiseptic applications? In higher surgery our Hospital has during this period contributed more than any other. The operation for gastrostomy, which was first attempted in this country by Mr. Cooper Forster, was first successfully performed by Mr. Howse, who, following more closely on Sédillot's method of fixing the stomach to the abdominal wall, and aided by antiseptics, reaped a well-earned triumph. So with renal surgery, the operation of nephrectomy, which Mr. Durham was the first in this hospital to attempt, was first successfully performed by Mr. Clement Lucas ten years ago; and the limit of possibility in this field of surgery was probably reached when the same surgeon, four years ago, operated for total suppression of urine which had lasted five days, and removed a calculus blocking the one remaining kidney, the other organ having been previously destroyed and removed. We understand this patient is still living and in good health. Mr. Davies-Colley has taught us that extreme deformity from club-foot may be relieved by the removal of a wedge of bone from the tarsus, and in this way many who would have walked all their lives on the dorsal surfaces of their feet have been permanently relieved.

The higher surgery of the present day is undoubtedly much assisted by higher nursing, and those who look back to the scrubbing-nurse of former times, will have an agreeable surprise if they have not visited our wards since the days of their studentship. They will find every sister contributing to the cheerfulness of her ward, and every nurse taking pride in the success of her surgeon's cases, and doing her utmost to aid him in his efforts.

THE DENTAL SCHOOL.

The Dental School has now completed its first year of existence, and its development has been very satisfactory. The alteration in the hours of attendance at first reduced the number of patients to zero, and there was a doubt expressed whether out-patients would be sufficiently alive to the advantages of conservative dental surgery to submit themselves to remedial treatment, which always entails sacrifice of time and is not always devoid of pain. The experience of the last twelve months has shown a steadily increasing number of applicants for treatment, and in February there were 255 extractions done under nitrous oxide gas, more than 50 gold fillings, and 124 other fillings, in addition to the usual work of a dental department. This does not represent the number of patients who presented themselves, but the amount of skilled assistance available to attend to them. Although the dental student has always completed a two or three years' course of dental mechanics before entering Hospital, it is perhaps months before he can be trusted to fill a tooth for a patient, and the time expended on his first fillings will average several hours each. At the end of a year each well-trained student becomes a valuable assistant. The method of teaching adopted is that the Assistant Dental Surgeon for the day gives a clinical demonstration on one of the operations of dental surgery and supervises the work of the department, aided by students holding appointments. A chart is kept of every patient's mouth, on which is recorded the operations performed and the treatment adopted.

In the anæsthetic department the daily exhibition of nitrous oxide gas has met with great appreciation, and the number of gas cases is rapidly increasing. In order to avoid abuse of the charity no patient can obtain any operation, save an ordinary extraction, without the recommendation of one of the teachers.

The dental laboratory is now in use, and is rapidly being fitted up with all the requirements for the construction of artificial dentures, correction plates, and dental splints. There is room for twelve students to work at the time, and they are allowed to take models of patients' mouths and to construct dentures for them, carrying the work through all its processes from commencement to finish. The lack of adequate instruction on dental mechanics had long been felt by the London schools, but the difficulties of affording the necessary training had been deemed insurmountable. No attempt is made to supply the necessitous poor with artificial teeth, for such an undertaking would be quite beyond the province of a General Hospital, and the difficulties of administering such a form of charity will readily suggest themselves. Cases suitable for treatment are found within the Hospital, and the work done for them is absolutely free of charge.

The special lectures have been well attended, and additional courses of instruction have been organized, which more than meet the present requirements of the examining boards.

A course of lectures is delivered each summer on Operative Dental Surgery, dealing with the science of dental operations. There is also a summer course on Dental Microscopy, in which students prepare for themselves and mount specimens of teeth and surrounding tissues, human and comparative.

The department is now in thorough working order, and it may be confidently asserted that the coming year will bear favourable comparison with the past.

THE OUT-PATIENT DEPARTMENT.

The self-help system of medical relief inaugurated at Guy's some five years since, and which is now in active operation, originated as much from a desire to repress the demoralising tendency of gratuitous aid so freely lavished by the London Hospitals for more than a century as from a legitimate desire of meeting, even to a limited extent, the failing resources of the Institution. Numerous causes have combined to provoke a departure from the stereotyped process of dispensing physic and advice to all comers, irrespective of their needs and merits. Hospitals, no doubt, were established for the poor, and

for the poor they will exist; but, at the date of their foundation, poor-law medical relief was very differently constituted from what it is now. At the time referred to, with the exception of the few infirm wards of the workhouses, the accommodation provided for the sick was almost entirely confined to the Hospitals supported by endowment or voluntary charity. Within the last 50, and more especially within the last 20 years, all this has undergone a remarkable change, and manifestly for the better. There are now more poor-law infirmaries than there are general Hospitals, and sanitarians are unanimously of opinion that the new buildings supersede the old in their construction and comforts, as well they might, considering that their designers have had the experience of ages to go by and the public purse to indemnify them. For all that, the great aversion to becoming paupers, an aversion which by all means ought to be encouraged, will always exist as a reason why people should prefer the charity of the voluntary Hospital to that of the State. There are other reasons perhaps of more momentous importance with the poor. They are fully alive to the fact that the great progress made in medical science is mainly due to the clinical Hospitals, that their diseases and injuries will be cared for by skilled officers and nurses, and that the dieting and other arrangements made for their comfort are infinitely superior to anything they have a right to expect in the poor-law infirmary or in their private homes. Bearing these things in mind, it is hardly surprising that the privileges of the Hospitals should be taken advantage of by many for whom, in the first instance, they were not exactly intended, and who possibly might be in a position to remunerate their medical attendant, or at all events to become members of medical clubs or provident dispensaries; but a few general practitioners consider they have a grievance in the wholesale system of medical relief administered by Hospitals, and are frequently agitating public opinion on a question which they say deprives them of much of their toilsome earnings. Their main contention is that the out-patient department is greatly abused (it is curious that they do not see the same evils in the in-door work), and when we find one Hospital boasting of its 50,000, and another of its 100,000 out-patients physicked gratuitously in the course of the year, and statistics collected to prove, if statistics can prove anything, that in London alone one-fourth of the population are annual recipients of free medical relief, it is hard on the general practitioner that his remonstrances should be so little heeded. There is very little doubt that if charitable individuals were imbued with sentiments of a wise philanthropy, much could be done to bring about an improved state of matters, and it is but fair to the contributors to our charitable trusts that their money should be spent to the greatest advantage on the most deserving, among whom we should certainly classify those most willing to keep themselves. Various plans have been suggested and put in force to lessen the embarrassment caused by the increasing influx of Hospital out-patients, but it cannot be said that any of them have been received with universal favour. Some have recommended the abolition of the system in whole or in part, or to confine it to consultations with general practitioners; others, with more wisdom, would limit the numbers in daily attendance to as many as the medical officers could with discriminating judgment attend to, while the surplus would be sent away.

In numerous special, and in a few general Hospitals a registration fee, ranging from 1d. to 2s. 6d., is imposed to encourage the self-help principle, and partly also to keep the department within reasonable limits. In two or three large Hospitals it is the practice to employ an officer, whose sole duty is to enquire into the circumstances of the patients should they happen to be more smartly attired than their neighbours—a very doubtful system of inquisition, and one which could readily be avoided when the applicants thought fit. On the whole the imposition of a moderate money payment for medicine, not sufficient to enable the system to compete with the general practitioner, but quite enough to assure the recipient that physic costs money, whatever value he might put on the advice, appears to be the most feasible alternative. This is the practice that has been pursued at Guy's for several years, and judging from the readiness with which the hospital-going part of the community have fallen in with it, there is no reason to regret its introduction. The reduction in the number of applicants was not at first very marked, but after a time they diminished very considerably, especially on the surgical side, which was soon deprived of a large number of cases of syphilis and gonorrhœa, and some of the special departments also underwent considerable reduction. The decrease, however, has not been maintained, and there are evident signs that other measures will be necessary ere long to limit the supply of new material by rejecting numerous trivial cases which are apt to assemble on certain days of the week and overcrowd the department. In most instances the charge, which amounts to threepence for a week's supply of medicines or dressings, is readily and even gratefully paid, and on the first application should they express their inability to pay, the medicaments are supplied them gratuitously. To prevent fraud, it is necessary in the latter case, that the patients, on the occasion of their second visit should have their letters stamped "free" on the authority of the Charities Organisation Society of the district in which they reside. It is seldom that a patient avails himself of this privilege, if privilege it can be called, preferring rather to pay the money or to migrate elsewhere where no payments are required.

Where a free system of medical relief has existed for more than a century, it appears to many almost a hopeless task to attempt any new departure from established custom, involving compensation, however slight, for value received; but the experience of the out patient room at Guy's clearly shows that it can be done with benefit alike to the patient, the hospital and, in an indirect manner, to the general practitioner.

THOMAS GUY, PUBLISHER AND PHILANTHROPIST.

Some persons who have been accustomed to associate Guy's name only with the sale of Bibles, getting rich by sharp practice, if not by unhallowed means, and building a hospital at the last as a satisfaction to his conscience, may be considerably astonished when they read in the forthcoming "Biographical History of Guy's Hospital," by Dr. Wilks and myself, the accumulated evidence which shows that Guy was a consistent philanthropist throughout life from a very early period in his career, that he was a very important publisher, and that his connection with the University of Oxford contributed largely to establish the printing and publishing business now so famous as the *Clarendon Press*. For full details the publication of the book in the autumn of this year must be awaited, and meanwhile our readers are asked to observe the notice in the advertisement column of this number, and send in their names as subscribers as early as possible, that an adequate number of copies may be printed. Not only will biographies be given of all the great masters in medicine and surgery who have adorned Guy's Hospital and made it famous throughout the world—Sharp, Warner, Saunders, Sir Astley Cooper, Bright, Addison, Aston Key, Hilton, Moxon, Fagge, Sir William Gull, and many others—but the Treasurers, the Officials, the men like Monson Hills, Towne, Hirst, and others, whose assiduous work was equally necessary to the development of the medical school, will be noticed, and the general history of the Hospital will be interwoven, so that as perfect a history of the Hospital as possible may be given. And of anecdotes, professional and personal, there will be a good store.

But to return to Guy, one of the most interesting things about him is his constant attachment to Tamworth, his mother's native place, where he spent his boyhood till, in 1661, he came up to London to be apprenticed to a bookseller and publisher. Setting up in business for himself while London was being rebuilt after the Great Fire, Guy had not been ten years in business and was little over thirty years of age when he was rich enough to found an almshouse. Before this, in 1677, he gave a liberal contribution to the rebuilding of the schoolroom of Tamworth Grammar School, where he most probably had been a pupil. In 1678 he built "a comely large building, his Almshouse, which cost about £200, where he doth bountifully provide for six poor women there inhabiting, and hath given a fair large room therein for a library." This was no slight thing for a young man to do, and it is to Guy's credit that he provided first for women; and later, in 1692, when his means permitted, he more than doubled his foundation, and provided for seven poor men as well as seven women. Well might the Corporation of Tamworth style him in 1693 "our incomparable benefactor." In 1686-7 he was a considerable subscriber to an endeavour to support a workhouse and school in Tamworth, wherein the poor might be employed and their children instructed, and for a number of years he gave a good annual subscription to this school, which was known as "the spinning school." In 1700 Guy undertook the sole expense of building a new Townhall for Tamworth, which was very badly off for a public hall. Its utility was evident, and it still exists, looking very much as he left it, although additions have been made from time to time.

It is not to be wondered at that Guy should have desired to represent his native place in Parliament, and that soon after the Revolution had changed the current of politics and given more freedom to Liberal opinions, he should have become a candidate. He stood in 1690 for the second Parliament of William and Mary, but was defeated by Sir Henry Gough, Bart., and Michael Biddulph, Esq.; in 1695 he was returned with Sir Henry Gough without opposition, and he continued to sit through six Parliaments, being characterised by "a very sincere respect for English liberty," and being "a man of strong reason, who can talk very much to the purpose on any subject." In connection with his elections there are some very interesting facts which I cannot here recount.

It appears that Guy had so fixed his heart upon Tamworth that he at one time intended to leave his whole fortune to that town, so that there should never be pauper there. But, nevertheless, whether because of his too little regard to treating the burgesses, or because of changes in party politics, Guy was rejected at the election in 1707; and this so greatly chagrined him that he not only resisted all entreaties to stand again for Tamworth, but determined to show *his* displeasure with the borough by omitting its inhabitants from a direct interest in his almshouses; in fact, in his will be expressly included only the parishes and townships surrounding Tamworth in the benefits of the almshouses.

There is no doubt that Guy early entered into the business of selling cheap Bibles. They had long been kept at a shamefully high price by the King's Printers, and again and again editions badly printed in Holland were sent over to England and largely sold, in defiance of the exclusive privilege claimed by the King's Printers and the Stationers' Company. Guy, no doubt, joined in this trade, much to the disgust of the monopolists. But when the Courts could be made to act these Bibles could be seized and confiscated, and although he did a large trade in them in his early years, Guy was eager to take advantage of an opportunity which occurred about 1677 of aiding the University of Oxford to reassert its ancient privilege of printing all books, especially Bibles, prayer-books and school-books. The University had already made sundry attempts to come to the front in printing during the seventeenth century, but failed to a large extent, owing to lack of capital. Soon after 1670, however, Dr. Fell and Dr. Yates brought a good deal of money into the business, being allowed full control of the University press in return for their capital; but again they were baulked, owing to the lack of support among the London booksellers, and to the King's Printers underselling their Bibles to a frightful extent, at all hazards to put a stop to

University printing. The first agents they employed in London were inadequate, and one at least failed; whereupon, about 1677, Peter Parker and Thomas Guy, who appear like twin brethren at this period, Parker being in reality of some years longer standing than Guy, came to the rescue, and not only re-established the London business in Oxford-printed books, but supplied a large amount of new capital, and soon took charge of the printing work in the Sheldonian theatre, and brought London business capacity to bear upon Oxford printing. Thereafter they printed a large series of Bibles, from splendid folios to the smallest duodecimos—the latter indeed with very small margins and on very inferior paper—of prayer-books, of metrical psalms, of Latin and Greek classics, and many other books; and sold them at prices which were remarkably reasonable. They made it no longer a complaint that the people could not get cheap Bibles, and Guy showed himself so active and determined in this matter, that he may fairly be termed one of the pioneers of cheap publishing and bookselling. Ultimately he and Parke were driven out of the Oxford business in 1692 by a series of intrigues on the part of the Stationers' Company and the King's Printers, which form a most interesting and eventful chapter in Oxford history never yet published, and which I shall be able to elucidate. But the foundation of the great publishing business at Oxford was solidly laid, and for Guy it may be claimed that, though not of the University, he had a significant part in its great book-printing advance in the latter part of the seventeenth century.

I might go on to tell of Guy's connection with St. Thomas's Hospital, of his becoming a Governor in 1704, of his constant attention to its administration, of the great benefits he conferred upon St. Thomas's, of his personal attention to and examination of the cases of patients there, and of the reasons which led him to found his own magnificent hospital at his sole cost; but my time for the present is exhausted.

G. T. BETTANY.

REGULATIONS FOR STUDENTS RESIDING IN THE COLLEGE

The residential portion consists of rooms for the House-Physicians, House-Surgeons, Obstetric Residents, and Externs, together with the following accommodation for other Students :—

(*a*). Thirty-four sets, each consisting of a sitting room and bedroom, The rent of the sets varies from 12 shillings to 20 shillings per week.

(*b*). Ten combined rooms, consisting of bedroom and sitting room in one. The rent of each room varies from 9 shillings to 12 shillings per week.

(*c*). Four sets, each consisting of a sitting room with two bedrooms. The rent of the sets varies from 23 shillings to 27 shillings per week.

The rooms are comfortably furnished, and the above charges include attendance, but are exclusive of fire, lighting, boot cleaning, and washing of personal linen. Fuel, gas, oil and candles will be supplied to residents at cost price.

TERMS OF OCCUPATION.

1. Each Student on coming into residence in the College is required to become, and during residence to continue, a Member of the Students' Club. He shall also on entrance make a deposit of Five Guineas with the Warden, which will be returned to him on his leaving the College, unless wilful or careless damage has been done to his rooms or to the furniture in his rooms, in which case the whole or a part of the deposit will be retained to make good the damage done.

2. No Student is allowed to drive nails into the walls of his room. Plates with hooks are supplied from which pictures must be hung.

3. Rents shall be paid quarterly in advance to the Warden, and a Student intending to give up his rooms at the end of a quarter shall give a fortnight's previous notice of his intention to the Warden in writing, or shall be subject to the expense of a fortnight's additional occupation

4. Students who undertake to occupy rooms for a year continuously will be allowed to be absent from the College for eight weeks' vacation, during which period they may retain possession of their rooms by payment of half the usual rent; but periods of absence of less than a week will not be recognised as a ground of exemption from the payment of the full rent charged.

5. Students may not sub-let their rooms without the consent of the Warden. For rooms sub-let full rents will be charged. In the absence of the regular tenant for vacation periods a temporary occupant may be put into the rooms by the Warden.

6. A weekly bill will be delivered to each student by the housekeeper for coals, lights, washing, &c., and the account shall be paid to the housekeeper within seven days.

7. Students shall quit and deliver up possession of their rooms at any period of their engagement on receiving from the Warden one week's previous notice, or upon shorter notice if the Treasurer of the Hospital so require. The balance of the rent paid in advance will under such circumstances be returned to the student.

BOARD.

1. Students may board in the College at a fixed charge of one guinea per week, paid monthly in advance, or of one pound per week paid quarterly in advance, to the Warden.

The meals included in this charge are as follows :—

Breakfast in the Hall :—Consisting of tea or coffee; bread and butter; and either fish, or eggs and bacon, or cold meat, as ordered.

Luncheon in the Hall :—Cold meat, or ham, or tongue, or cold pie; cheese: bread and butter.

Dinner in the Hall :—Soup; fish, or entrée, or poultry; joint; vegetables: sweets; bread and cheese or butter.

Each resident will be provided with a clean napkin twice weekly. There is no charge for table money or attendance. Beer, wine and aerated waters are not included.

2. Students may also, if they so prefer, obtain their food at the club tariff, which is as under :—

BREAKFAST :—A cup of tea or coffee, 2d. ; roll and butter, 2d. ; buttered toast, 2d. ; porridge, 3d. A pot of tea or coffee with roll and butter, 5d. A pot of tea or coffee ; eggs and bacon or cold meat, or fish : bread and butter, 1s.

SMALL COLD LUNCHEON :—Cold meat with bread, 6d. Soup with bread, 6d. Ham or tongue with bread, 6d. Cold pie with bread, 6d.

HOT LUNCHEONS OR DINNERS :—A cut from joint with two vegetables and bread, 1s. Entrée or meat pies with two vegetables and bread, 1s. Poultry or game with two vegetables and bread, 1s. 2d. Chop or steak, 9d. Fish with bread or potatoes, 6d. All sweets, puddings, pies, &c., 2d. Napkins, 1d.

AFTERNOON TEA :—A cup of tea or coffee, 2d. A large pot of tea, 4d. A pot of tea or coffee with roll and butter, 5d. A pot of tea or coffee with sally lunn or tea cake, 6d.

DINNER (Table d'Hote) :—Soup ; Fish, or entrée, or poultry ; joint ; vegetables ; sweets ; bread and cheese or butter, 2d.

There is no charge for table money or attendance Beer, wine and aerated waters are not included.

3. Meals taken in students' rooms (with the exception of a light afternoon tea, and of tea and coffee after the late dinner), shall be provided by the Steward only. An additional charge for service will be made of 3d. for each person for breakfast or luncheon, and of 6d. for each person for dinner.

4. The time for breakfast is from 8 to 10.30, of luncheon from 12 to 2, and of dinner from 6 to 8.

DISCIPLINE.

1. The names of all Students who enter the College after 11 p.m. will be reported to the Warden. No student may leave the College after 11 p.m., except by the subway, and then only if his attendance is required in the Hospital.

2. Students desiring to absent themselves for any night shall obtain the permission of the Warden.

3. Visitors and students not residing in the College will not be admitted after 10 p.m., and will be required to leave the College not later than midnight.

4. No student will be permitted under any circumstances to keep or receive dogs or other animals in the College.

"IT is utterly impossible that cause should follow the effect. It is nonsense to say such a thing," said a prominent physician. "I'll prove it to you that the cause can follow the effect," said his friend. "For instance, when a doctor attends the funeral of one of his patients, doesn't the cause follow the effect then, eh ?"

Sport.

CRICKET.

The Hospital cricket season begins in May. As in previous years, we have a strong card, and we expect to have a strong team. Matches have been arranged with Surrey Colts, Bickley Park, Beckenham, Kensington Park, Pallingswick, Crystal Palace, Brentwood, Upper Tooting, Cooper's Hill, Christ's College, Finchley. most of which are well-known suburban clubs. We have two more dates to fill up. As regards the financial part of our club, whatever balance we have is very small, we rely on the energies of our committee in collecting subscriptions, so that we may produce a favourable balance sheet at the end of the season. The cup which we virtually held for five years in succession and lost last year, we have every prospect of regaining.

In conclusion we trust that as many Guy's men as possible will make it a point, in the year of the opening of the New College, to support the club heartily, so that we may have a successful season financially and in the field.

The following gentlemen are the officers for the ensuing season :—*President*, A. E. Durham, Esq., F.R.C.S. *Treasurer*, Mr. F. Colclough. *Captain*, Mr. E. Reid. *Vice-Captain*, Mr. J. B. Bettington. *Hon. Sec.*, Mr. S. G. Layman.

2nd XI.—*Captain and Hon.Sec.*, Mr. C. E. Carpmael.

Committee — Seniors : Mr. J. H. Busteed ; Mr. G. Featherstone. 4th years' men : Mr. A. Webber ; Mr. H. Wilks. 3rd years' men : Mr. E. J. Lang ; Mr. H. Austen-Smith. 2nd year's men : Mr. J. H. Bettington ; Mr. C. R. Lucas. The 1st year's men will be chosen shortly.

S. G. LAYMAN, *Hon. Sec.*

The Subscription to the Club is 5s., payable on and after May 1st, to any of the above-mentioned gentlemen.

ASSOCIATION FOOTBALL.

The past season has not been a success as far as the winning of matches is concerned. Guy's began the season, so to speak, without an eleven ; all with two exceptions, of last season's men were out of their year —the heroes who won the cup four years in succession, and the Surrey cup twice. A great number of energetic Cambridge men came over in October, and there seemed to be a good prospect of making a very fair team, but the result has been sadly disappointing. Probably the principal cause which led to disaster was our incapacity to score, even when the game was decidedly in our favour ; this must, of course, always be so with a new set of forwards unused to playing together. To recall one of the principal matches, we began well by defeating the Royal School of Mines by 5 goals to nothing.

The second eleven, *i.e.*, ten first eleven men and one substitute, has had a very successful season, only having

been once defeated. We append list—Matches played, 19; won, 4; drawn, 4; lost, 11. Goals for, 26; against, 48.

The cup team was thus constituted—C. E. Hibbard, (goal); W. S. Frith, W. Poole (backs); A. M. Daniel, L. C. Burrell, V. Pendred (half-backs); H. Hewetson, W. H. Fisher (right), H. Sharp, O. J. Bradley (capt.), R. C. Kirkby.

LAWN TENNIS.

The new season (1890-91) will commence on April 1st. The subscription is 5s., payable to the Hon. Treasurer or Hon. Secretary.

The general meeting of the Club for the election of officers was held on Monday, the 24th inst., in the surgical class room. The balance-sheet for the season was placed before the members, and showed a deficit of £3 16s. 7d., which would have been considerably diminished if several members had paid their subscriptions for the season now closing.

The hon. Secretary read the report of the matches:—There were 10 matches—3 won, 6 lost, and 1 unplayed. Of these two were Cup Ties, winning one against St. Thomas's, and losing one to St. George's, the holders and winners of the cup.

The following matches have been arranged for the ensuing season:—

Wednesday, May 21st, *v.* King's College, at Wormwood Scrubbs.

Saturday, May 24th, *v.* Berrylands, at Surbiton.

Thursday, May 29th, *v.* Farnley, at Hospital.

July (not fixed), *v.* King's College, at Wormwood Scrubbs.

Saturday, August 23rd, *v.* Farnley, at Selhurst.

The Inter-Hospital Challenge Cup Ties are to be played some time in June, the exact date is not yet settled. They will be played at Chiswick.

W. A. HASLAM, Hon. Sec.

The Club for the ensuing season is thus constituted:—

President—W. A. Lane, Esq., M.S., F.R.C.S.

Capt.—W. E. Sturges-Jones. *Vice-Capt.*—C. R. Colley.

Hon. Treas. and Sec.—W. A. Haslam.

Committee:—

H. G. Biddle.	W. E. S. Cobb.
C. G. Roberts.	G. Sichel.
A. V. Chapman.	T. G. Buchanan.
H. Wellford.	V. Pendred.
W. C. C. Park.	W. H. Fisher.

W. S. Frith.

The balance sheet of the above is unfortunately crowded out, but we hope to be able to insert it in our next issue.

The following inscription is found on a small gravestone over an infant in a Chicago cemetery:—

"A little cough,
It carried him off."

Under these lines someone had written:—

"And a little coffin!
They carried him off-in."

We have been asked to remind our readers that a testimonial fund is being raised on behalf of Madam Arabella Goddard, the treasurers of which are Messrs. Chappell & Co., 50, New Bond Street. The promoters are certain that they may look with confidence to the benevolence of the medical profession for material aid on behalf of one who in times past has given so much pleasure to all educated classes, and who only owes her present necessities to her free-handed benevolence in the past.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are waiting to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. Wells, Medical Office, Guy's Hospital, S.E.

A GENTLEMAN, married, who has lately given up large practice, wishes to hear of a partnership, with view to early succession preferred, or practice. Home counties. Good scope essential. Would take sole charge, or travel for few months.—Address, M. M., Medical School Office, Guy's.

DOUBLY QUALIFIED GUY'S MAN, late H. S., æt. 35, married, wants to Purchase (by instalments preferred) practice or partnership of £500—£800, with a good introduction; about an hour or hour and half from London; Kent, Surrey or Sussex preferred. Accustomed to ride and drive; no objection to country work, provided practice is situated within a reasonable distance of fair-sized town.—Apply I. Medical Office, Guy's.

F. R.C.S. and L.R.C.P. (31). who has done all the senior appointments at Guy's, and is now resident medical officer at a Provincial Hospital, desires a Junior Partnership in a first-rate practice; fond of work; provincial town preferred; unexceptionable references.—Chirurgus, care of Mr. Wells, Medical Office, Guy's Hospital.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

M. B., B.S., Lond. (Guy's), married, is disengaged for four months. Would take charge of a suitable practice for that period, or would act as out-door assistant.—"Synd," care of C. H. Wells, Guy's Hospital.

WANTED to Purchase a Partnership in a good-class Practice (London suburb or good provincial town) with income from £500 to £800 per annum, by one who is doubly qualified, and well experienced in general practice.—Address "Omega," Guy's Hospital, S.E.

Guy's Hospital Gazette,

APRIL 19, 1890.

CLINICAL LECTURE ON A CASE OF STRANGULATED HERNIA.

By Mr. Howse.

A. W., age 50. Admitted into Naaman on Dec. 9th.

History.—Had had a rupture for 20 years, and had never returned it. On the evening of the 6th he had complained of abdominal pain, becoming worse. Vomiting had begun on the morning of the 7th. The bowels were last moved on the morning of the 6th.

On Admission.—Patient complains of abdominal pain (not very severe). Thirst. There is no collapse, the pulse is good. He vomits food occasionally and hiccups. On the right side there is an oval swelling, 4in. by 3in., external to the pubic spine, and more below than above Poupart's ligament. It is red and œdematous, tense, and has no impulse on coughing.

Operation.—One hour after admission. Usual incision, &c. Foul smell discernible on coming down on sac. On opening the sac a quantity of foul fluid with flakes of lymph flowed out, and a grey, bloodless, gangrenous mass of omentum projecting. A portion of small intestine was exposed, grey, covered with lymph and having lost its polish. Mr. Howse cut through the stricture, removed the gangrenous omentum after ligaturing its base. The intestine was then incised and left in situ; no fœcal material came away; on passing a probe up the intestine no obstruction was felt further up. A pad of carbolic gauze and carbolic tow was applied. After the operation the patient had a very good pulse and rallied completely.

Milk ʒ v. by day, and ʒ v. by night.

Tr. Opii ♏ vij. at 7 and 9 p.m

Tuesday 10th. 1.30 a.m. Pulse full 87 per minute. Slight abdominal pain; hiccup continues, but there has been no vomiting since the operation.

Tr. Opii ♏ vij. at 1 a.m., 6 a.m., and 12 noon.

Wed. 11th. 3 p.m. Copious yellow fluid motion from wound.

Milk, barley water ʒ v. of each by day and ʒ v by night.

Tr. Opii ♏ vij. at 4 a.m.

Thurs. 12th. 2.30 a.m. Another copious motion and large quantities of flatus passed by the wound. Patient remains very well. P. 86, full and strong. T. 99°. No abdominal tenderness or distension. Tr. Opii ♏ vij.

9 p.m. Another motion. T. 99·9°. P. 76.

Fri. 13th. 11 a.m. P. much weaker. P. 72, not so full as formerly. T. 97·8°. Brandy ʒ .p. 4tis horis.

2 p.m. Mr. Howse saw the patient and thought his exhaustion was due to his low diet, and ordered milk Oj, barley water O .p., fish and chicken.

5 p.m. Another motion.

Sat. 14th. A slough ½in. square was cut off to-day. Patient is a good deal better.

Sun. 15th. Worse to-day; a good deal exhausted. No abdominal pain. Patient has an occasional hiccup and his features are drawn. T. 95°, P. 98, and not so full and strong as it has been. Another large slough was cut off to-day. Brandy ʒ .p. 2ndis horis.

4 p.m. Sick after ʒ jss. of brandy. Enema of port wine ʒ iv. at 110° F. was given, but immediately returned.

6 p.m. P. 130 weak, irregular. T. 95°. Extremities cold; cold sweat on limbs and brow. Slight abdominal pain, but no rigidity or distension. Continual retching.

11 p.m. Pulseless at wrist.

Mon. 16th. 11 a.m. Died.

Post-Mortem.—No peritonitis. Peritoneum well shut off from wound.

Mr. Howse thought that probably the hernia had been getting larger for 25 years, but had been strangulated by an extra amount coming down; he did not believe in strangulation being caused by effusion of lymph.

The œdema would point to one of two conditions:—

1. Acute hernia and too much taxis.
2. Old strangulation.

From experience in Hôtel Dieu in Paris, Mr. Howse was an early advocate of opening the sac, in opposition to Petit's operation.

Treatment of Gangrene of Gut.

1. Relieve strangulation by cutting off omentum, leaving plug of omentum in neck of sac. Plug of omentum is emptied of its blood, leaving more space.

2. Do not pull down loop of intestine, for fear of rupturing gut at the neck of the sac.

3. Cut into gut.

4. Divide stricture. If there is no escape of fæces through any perforation at neck of sac, leave in situ; if fæces do escape in this situation, the skin incision should be continued upwards over cord and Poupart's lig., and the abdominal cavity opened. A piece of rubber-dam (as used by dentists), or failing this, a piece of mackintosh, should have a small slit made in it, and a mass of intestines (including the injured portion) should be forced through the slit until the circulation is arrested; the rubber also isolates the injured intestine from the abdominal cavity. The gangrenous portion of the intestines, together with a little of the mesentery, should be removed, and the two portions of intestine sutured together by Lambert's suture. The peritoneum should be afterwards washed out. During this operation the spermatic cord is best protected by gutta-percha tissue.

Death in gangrene of gut due to—

1. Peritonitis from spreading of gangrene.

2. General acute septic absorption.

3. Ptomaine poisoning, causing extreme depression; probably the cause in this case.

If much undigested food passed by the artificial anus, and there was much wasting, the artificial anus would have to be closed at a future period. This could be done by means of a Dupuytren's enterotome. C. S.

MENTAL DISEASES.

By Dr. Goodall.

(Continued.)

I shall merely mention the disorders alcohol produces, and dwell on one form in particular. Such disorders are delirium tremens, mania (acute or acute delirious), stupor (as a phase of disorder), an affection closely resembling general paralysis of the insane; and general paralysis itself; moral perversion, delusional insanity, marked loss of memory, and dementia. With regard to illusional insanity, ideas of plots, persecution, etc., such as those described, are frequent. In alcoholic cases one often notes the general nature of the hallucinations; all the senses may be involved; so that, whereas in most cases of insanity with hallucinations these latter are of hearing and sight, in alcoholic cases they may be of smell, taste and touch also. A very typical case was in Bethlem last winter. This man, a publican, whom some of my hearers may have seen, used to stand in a corner of the courtyard, gazing intently into space, talking in a subdued voice the while. He said that mirrors were "flashed" into his face, that "little games" were played upon him by telephones and electricity, the shocks of which he felt. He talked by the hour to persons not present. He complained of bad tastes, saying he was "fused" with sulphuric acid, and pointed to his saliva, which was brown from his habit of chewing tobacco, in proof. Marked exaltation gradually showed itself.

In concluding these remarks about alcoholic insanity, I must state that one should remember

in a case of supposed general paralysis that alcohol, besides causing that disease, produces a disorder resembling it—from which the patient may recover. This is an important point.

The *chronic lunatic* must be mentioned in any account which deals with insanity as seen in large asylums. He stands in evidence of the disastrous effects of prolonged or repeated attacks. Such attacks result in weakmindedness and actual dementia, and these patients are liable to outbursts of excitement and violence. Another outcome of recurrent and prolonged insanity is a fixed delusion, and in this way most of the kings and queens of asylums have arisen; persons who will sweep floors and make beds, despite their royalty. I have referred to periods of excitement noticed in chronic patients: irregular storms, suddenly arising, and disturbing the habitual repose. Figurative language I must use perforce: it generally, when used in medicine, denotes ignorance of the subject figured. The cause of these explosions is a matter for conjecture only. The patients, apart from the distress of these periods, display an equanimity of itself truly enviable. Such contentment, such indifference to the opinions of others and candour in expressing one's own, are rare outside asylums, where perhaps more truth is spoken than in the world at large. Self-control is said to be the highest and most desirable quality of mind: it is therefore a sad reflection that truth appears so often to await the removal of this fine raiment ere it can show itself. As I have alluded to the common result of repeated attacks—weakmindedness—it will be well to mention now that certain persons do not exhibit, as a result of repeated attacks of maniacal excitement, that enfeeblement of intellect which one would anticipate. These usually have well-marked neurotic inheritance. The forms of insanity associated with epilepsy are the last of which I purpose speaking. Mental perturbation, may, as you are aware, precede a convulsion, and is then regarded as a premonitory symptom of the latter. In asylums, these warnings are frequently observed by attendants. A patient becomes quarrelsome and irritable, less commonly morose, and occasionally exalted. He may also complain of discomfort about the head, and ask for a purgative, from which he has experienced relief in like circumstances. The fit itself may be replaced by a maniacal outburst, but this is more common after a fit. Post-Epileptic Furor, as it is called, is a typical maniacal state, such that, were certain persons who pourtray insanity upon the stage to witness it, they would be greatly confirmed in their conception. No patients are more dangerous. The first case I saw was in Bethlem, last year, and next to the severity, the most striking feature of the attack was the sudden recovery: no period of confusion, or depression or stupor, such as one commonly sees after ordinary mania. The patient was well in a day or two. I have since seen other cases, for the treatment of which a padded room was deemed necessary. As regards the effect of epilepsy upon the mind, it is recognised that frequently repeated attacks of petit mal are the most harmful. The effect of fits upon the developing mind of the child is disastrous. In contradistinction to the usual result is the happy issue in a case which Dr. Savage often used to quote. The boy was regarded as good-for-nothing up to the age of puberty, when fits occurred. These, as Dr. Savage put it, "cracked the shell," and the youth emerged, and blossomed forth into a brilliant student. Apart from intellectual disturbances, moral alienation is often to be observed in epileptics. In the case of an epileptic fit occurring for the first time in adult life, one has to think of general paralysis of the insane, which may be ushered in in this way.

The so-called double consciousness is met with in connection with epilepsy. A person, the

subject of such an affection, has whole periods blotted out of his ordinary existence, so far as his memory is concerned. The states of which he can render no account are described as states of "Masked" epilepsy. Each of the two periods—the ordinary and extra-ordinary—has its own consciousness, and just as the sleep-walker remembers nothing, when awake, of his somnambulistic acts, but performs, when next the state is upon him, similar ones, or a continuation of the same, so the patient in a state of masked epilepsy may pursue a course of action, may apparently fulfil ideas, with which he was engaged when last in such a state. The degree of complexity or elaboration of the acts performed in the abnormal state, will naturally depend upon the education—general or special—of the person affected. Most of the remarkable cases have been recorded in France. A middle-aged man in Bethlem, who suffered with epileptic fits, had, before admission, attacks of unconsciousness. The son assured me that when in such states his father could be induced to put his signature to cheques, and would subsequently, in his normal state, express astonishment and irritation when informed of the action, of which he professed complete ignorance. Whilst in the hospital he had fits, after some of which, whilst unconscious, he performed some simple acts. The case was recorded by Dr. Savage in a recent number of *Brain*. It, and other cases more pronounced, raise the question—"Is the so-called 'Masked' epilepsy a post-epileptic state"? The question is by no means new. I do not see how one could be gainsayed who should maintain that masked epilepsy is *always* the sequel to a fit—though the latter may have been a very slight one; and this view enables us to gather into one class various conditions to be observed in epileptics, at first sight differing considerably from each other. Thus, though it is only rarely that one witnesses complicated acts—extending over a considerable period, those of a minor order are often performed after fits—the patient having no recollection of the performance. I have seen a patient, for instance, get up and dress and walk about in the middle of the night, and another leave his bed after a fit and make water in a boot. Whilst speaking of these post-epileptic states I may mention the case of a man who, having had a severe fit on the Sunday, was sullen for the greater part of Monday, and on Tuesday had to be put in a private room as unmanageable. He was much excited and had to be put to bed by force. He was apparently absorbed in hallucinations, expressing much fear of a great dog; crouched up in the bed and begged that the dog might be turned out. Also heard his mother calling him. Later on in the day he was summoned by a voice to an open window, and was barely prevented from precipitating himself therefrom.

In concluding this reference to epilepsy in connection with insanity, I shall refer to some measures directed towards the prevention, or against the recurrence, of fits. These are advocated by Dr. Broadbent in his Croonian Lectures, 1887. The measures are only likely to be of service when there is high tension of pulse. In what Dr. Broadbent calls "Essential Epilepsy," the affection that comes on at adolescence or before, he has remarked the pulse tension to be low and variable; under these circumstances but little can be hoped for. The nerve-cells seem to be inherently unstable. Unfortunately, these are, for the most part, the cases seen in asylums. But, according to Dr. Broadbent, epilepsy with high tension often comes on at a later period than the former affection; and in these cases good results follow the lowering of tension. The following measures are adapted to the purpose. Regulation of the bowels by mercury (which is efficient not merely by its purgative action), regulation of diet—including prohibition of much animal food: diuresis and diaphoresis: bleeding. I may here

mention that epileptics in asylums are usually enormous eaters, and that commonly when irritability and quarrelsomeness show themselves, black draught or oil is ordered.

(*To be continued*).

THE FIRST HALL DINNER.

On Tuesday, April 1st, the newly appointed Resident Staff commenced their Hospital duties, and took up their abode in the new College. In order to mark the occasion they kindly invited a number of guests to be present at their first dinner in the hall of the College. The guests included Drs. Hale White, Pitt, Perry, Shaw, Washbourn, and Goodall, and Messrs. Golding-Bird, Brailey, Dunn, Rouw, Parkin, Meares, and Myatt; several other members of the staff signified their regret at being unable to attend. An excellent dinner was served by Mr. Millsom, champagne and claret being provided through the liberality of Mr. Arthur Cohen, one of the Governors of the Hospital, Dr. Goodhart, and Mr. Golding-Bird. As soon as the cigars were well lighted, Mr. Brailey proposed the first toast of the evening, "Success to the College," coupling with it the name of Dr. Perry, the Warden. This and all the succeeding toasts were drunk with enthusiastic musical honours, in true Guyite form, the fine deep voice of Mr. Charles Spurrell being heard to great advantage. Dr. Perry replied in a very able and characteristic speech, dealing with the objects of the College, and the principles underlying the regulations respecting those who resided in it. He cordially invited the co-operation of the senior men in endeavouring to make the College a success, and concluded by thanking the students and those present for the mark of personal esteem conveyed in the toast which had been so kindly proposed.

Dr. Fripp, as Senior House-Physician, then proposed a vote of thanks to the gentlemen who had so liberally provided for the evening's entertainment, mentioning the names of Mr. Cohen, Dr. Goodhart, and Mr. Golding-Bird. In replying for these gentlemen Mr. Golding-Bird called attention to the traditions of the "Rooms," with which so many generations of men were familiar, and while admitting the necessity and advantage of changes, and the probability that new traditions would spring up around the new rooms, he thought that the best principles of the past, good fellowship and *esprit de corps*, would never be forgotten.

The toast of the "Visitors" was acknowledged by Dr. Shaw and "Old Father" Meares; and Dr. Hale White and Dr. Pitt replied for the Staff. In conclusion the "Health and Success of the Residents" was proposed by Dr. Shaw, who returned thanks on behalf of the Visitors for the pleasure they had enjoyed in being present at their first Hall Dinner, and coupled with the toast the names of Dr. Fripp and Dr. H. J. Holman.

The total number of Visitors and Residents at the dinner was thirty-four.

DE ANATOMIA. I.

Condylar foramina.

∴ Condyle [κόνδυλος] = knuckle.

and ∴ Condyloid [κόνδυλος + εἶδος] = that which resembles a knuckle.

∴ "Condyloid foramen" = a hole which resembles a knuckle.

[N.B.—Condylar foramen = a hole associated with a condyle]

Rider to the above—Is a "*condyloid* foramen" as "big as a lump of chalk"?

[Cf. *Atlo-axoid*, etc., of some authors, vice *Atlanto-axial*, etc.]

Motor Uvulæ.

"Quain" (9th Edition), though recognizing that this muscle is a paired structure, nevertheless continues to call it "the unpaired muscle of the uvula" (azygos uvulæ), thus endeavouring to perpetuate an unfortunate mistake of a great anatomist.

Which Side?

"This bone is like a football boot; hold it so that the bars on the sole point both ways, and the bone is on the side to which it belongs." *Whitey-Black's Anatomy.*

"To distinguish the side to which a bone belongs it should be placed as *in situ*, its surfaces being recognized.

Discrimination of the right and left bones is only useful as a test of knowledge of the bones, and any system of *memoria technica* apart from this is valueless."

Macalister's Anatomy.

THE PILGRIM'S PROGRESS.

Dr. Moxon, when he felt obliged to reprove or criticise one of his ward-clerks, invariably did it in such a delicate way that the victim would for the first few moments think that he was being praised, until he slowly began to realise the drift of Dr. Moxon's remarks. One afternoon, when Moxon was pressed for time, he had to listen to a voluminous report on a new case, which appeared to be a record of everything which had happened in the patient's family within the memory of man. Moxon fidgetted about, and looked at his watch occasionally with a despairing glance, whilst the clerk read out page after page of miscellaneous facts; but brightened up when he at last came to the end of his tremendous effort. "Really, Mr. Wordsley, this is a most elaborate and careful report—a beautiful report. If I might venture to suggest an improvement on such a perfect work—may I? Well then, I should leave a margin of, say, an inch; yes, an inch. Of course that would make the report look rather long, but that wouldn't matter, would it? Of course not. And then along the margin I should introduce little annotations. I have an old copy of Bunyan's *Pilgrim's Progress* with annotations all the way through, which you might adapt in the report; so that in glancing through, it would be easy to see how far the hero has got in his travels. Here, for instance, where the patient removed from Chicago after the fire, you might put, *Christian leaveth the City of Destruction;* and there, at the bottom of the page, where the patient injures his knee in his struggle with the policeman, you might write, *Christian engageth in combat with Apollyon;* and further on, where he has rheumatic fever for six weeks, the appropriate remark would be, *and entereth the Valley of the Shadow of Death.*

On another occasion a ward-clerk, alluding to the first appearance of some piles, expressed himself in the following peculiar terms:—"*The patient contracted piles at Broadstairs by sitting on the damp sand.*" Moxon eagerly took the report from the puzzled clerk's hand, and with simulated admiration said, "There! you have made a discovery which has hitherto eluded the perseverance of all surgeons. If there is one thing they would like to know, it is how to contract piles. You must really go farther into this matter; you will, won't you?"

F. H.

Why ought a scarlatina case to be lucky at Poker? Because he may be sure of a flush.

THE COLLEGE LIBRARY.

At the suggestion of Mr. Gladstone, the Governors of the Hospital have been invited to subscribe towards the foundation of a library of general literature in the new College. The invitation has been liberally responded to, and we publish a first list of subscriptions received by Mr. Williams, in the Counting House, up to the present date.

First List of Donations Promised.

Rt. Hon. W. E. Gladstone ...	A chest of books.		
The President	£10	0	0
Miss Gibbs	5	0	0
The Treasurer	10	0	0
Sir Henry Peek	10	0	0
Mr. O. Smith	10	0	0
Mr. Fellowes...	10	0	0
Mr. Bonsor	10	0	0
Mr. Hugh Smith	10	0	0
Mr. A. L. Cohen	10	0	0
Sir John Kennaway	2	2	0
Col. Curtis Hayward	2	2	0

We are sure that the majority of our readers, past and present students of the Hospital, will be anxious to take part in so excellent a movement. The advantage to our men of having an easily accessible library of general literature is too obvious for it to be necessary here to urge its claims upon our readers. In order that the full benefit may be obtained, a sum of £400 or £500 should be forthcoming, for we must have good books, well housed and strongly bound. The details of the scheme have hardly yet been considered, which must, of course, largely depend upon the sum subscribed.

The Reading-room in the College at once suggests itself as a suitable place, as making the library accessible to the members of the Students' Club, and no doubt some energetic resident in the College will volunteer for the onerous duties of Librarian.

The Editors of the Gazette have therefore much pleasure in opening an additional subscription list, the proceeds of which they will hand to the Treasurer to augment the sum subscribed by the Governors and their friends. At the same time the Editors will be pleased to receive the names of any standard books (not medical nor connected with the technical part of medical education) which any of their readers are willing to present to the library. Their names they will hand to the committee of selection or whatever authority may be appointed to choose the volumes.

NOTICE.

By order of the Committee of the Students' Club notice is hereby given that after May 31st, 1890, no application for exemption from any of the five annual subscriptions which entitle to Life Membership of the Club, by reason of a former connection with the old Reading Room, will be considered.

It is therefore requested that any Member who intends to claim such exemption at any future date will at once send in notice of his intention to one of the Honorary Secretaries, in order that his claim may be considered by the Committee.

March 8th, 1890.

Passim.

To judge from the congratulations we have received, our special college number gave general satisfaction. The Governors and the Staff have treated us with great kindness and liberality, and the Gazette will certainly not suffer from the enterprise. Our thanks, moreover, are certainly due to Messrs. Ash & Co., and to their Manager, for the trouble they took and the ability they displayed in producing so successful a number under circumstances of no inconsiderable difficulty. Certain of our subscribers thought it rather hard that we should extract sixpence from their pockets on this occasion, but after consideration, they "paid up and looked pleasant," remembering the heavy expenses which must be associated with such a venture. The thin paper copies are still to be obtained at threepence.

While in this vein of self-congratulation we think we may mention without any great breach of confidence that Prof. Macalister, when at Guy's the other day, was kind enough to express a very high opinion of the Gazette, saying that he himself always read it with great interest. We are sure that Prof. Macalister will forgive the pardonable pride which leads us to mention his commendation.

We have done very well at the recent conjoint examinations. In Anatomy the second year's men have made an exceptionally good appearance, the failures being mostly among such as are used to it. Meanwhile we look forward to the coming Fellowship Exams. when Guy's will probably break record.

We hear from an Assistant H.S. that the new arrangements for Surgical out-patients are working admirably from every point of view. Certainly the new surgeries appear very snug and comfortable.

We publish the best of the selection of poems we received on the Opening of the College. More than one effusion was of a humorous character, but these were hardly what we required. *Dulce est desipere in loco.*

We should like to draw attention to the notice of the new general library, suggested by Mr. Gladstone, for the benefit of the dwellers in the College. It will be seen that the Governors have most generously headed the subscription list, and we feel sure our readers will not be slow to assist the project.

Hospital News.

INTERESTING CASES IN THE GENERAL MEDICAL WARDS.

Philip	10	Left sided tremors.
	11	Nervous.
	13	Insular sclerosis.
	18	Thoracic aneurysm.
	25	Spinal pachymeningitis.
	27	Congenital spasms.
	31	Abdominal tumour.
	39	Right hemiplegia; aphasia; mitral stenosis.
Stephen	3	Right hemianopia.
	4	Thoracic aneurysm.
	10	Splenic leucocythœmia.
	20	Insular sclerosis?
	24	Acute nephritis.
	27	Aortic disease; optic atrophy.
Mary	5	Right hemiplegia; aphasia; mitral stenosis.
	13	Pneumothorax.
	17	Hysterical paraplegia: left hemianæsthesia

Correspondence.

To the Editor of Guy's Hospital Gazette.

O Dearest Sir,—Full well I know the magic potency of thy pages to stay abuses and initiate reforms, and therefore do I the more earnestly crave of thee, Sir, space for brief scripture. Hath the *Cloaca Maxima* been turned on into the Dissecting Room, or whence cometh (methinketh surely from Tartarus) that most ungodly stink, abhorred of mortals, that ascendeth daily through the grating, levelling alike with impartial hand Anatomarchs and their prey?—Believe me, Sir,

SANITAS SANITATUM.

NOTES FROM THE DISPENSARY.

Lanolin. Wool Fat.—Sheep's wool contains a large amount of fatty matter of a very peculiar character. It is secreted by all parts of the animal, but is found most abundantly about the breast and shoulders. The crude yolk, as it is called, is largely soluble in water, and hence is removed by washing the wool, but the wool fat or suint remains and can be extracted by bisulphide of carbon, petroleum spirit, and other solvents. It contains considerable proportions of cholesterin, and isocholesterin together with stearic and palmitic ethers of these alcohols. There are also a present certain proportion of ordinary glycerides. There are a number of wool fats in the market, but that known as Lanolin, a name given by Liebreich, and which is prepared by a patent process, is the best. This is the only kind used in the Dispensary, and so far it has given general satisfaction. The agents are Messrs. Burroughs, Wellcome & Co., Snow Hill Buildings, E.C. Lanolin is readily absorbed by the skin, a property which renders it especially suitable as a basis for ointments, &c., and watery solutions can easily be mixed with it. Messrs. Burroughs & Wellcome have sent us a specimen of their Lanolin Toilet Soap, which appears to be the very ideal of this class of preparation, because the unsaponified Lanolin contained in it takes the place of the fat removed from the skin by the alkali of the soap.

The Out-Patient Department.—An important addition will shortly be made to the number of patients attending this department, for accident cases, which have hitherto been entirely treated at the surgery, will in future go there only on the first occasion, and afterwards they will be sent to the out-patient department for further treatment.

The Assistant-Physician now sees all the new medical cases; the House-Physician attending to all the patients who receive letters marked H.P. The out-patients have been increasing in number during the last three years. This increase consists almost entirely of medical cases. About 30,000 were seen by the Physicians last year.

The increase in the skin department has been most marked. A few years ago the attendance was about 50, now it approaches 150.

The surgical out-patients, compared with former years, shows a smaller number. This is probably due to the change of system which took place some time ago. Before this change all patients who were unable to obtain letters for the Physician went over to the surgical side, and were prescribed for by the Assistant Surgeon's Dressers.

A new department for the treatment of diseases of the throat has been created by Mr. Symonds. About 50 patients are seen each time.

The patients seen by the Ophthalmic and Aural Surgeons have not increased to any great extent.

The Dental School has also its quarters in the out-patient department, where teeth are extracted and nitrous oxide gas administered daily. There are sometimes as many as 50 patients seen in one morning.

The state of the weather has a great influence upon the out-patient attendance, many coming from long distances. There are more patients in the summer than winter. The charge of 3d., which is now made, does not appear to me to have altered in any way the class of persons attending. Last year 5,300 received their medicines free. The special advice and skilled treatment which patients believe they can only obtain at Guy's appears to be the main attraction.

H. COLLIER.

Study of Objects.—*Professor:* "How many legs have insects?" *Candidate:* "65 per cent. of insects have no legs at all, 11 per cent. have one, 14 per cent. two or three, 10 per cent. four or five, but none six." *Professor:* "How in the world did you get this answer?" *Candidate:* By carefully examining the collection belonging to the University Museum."—*Fliegende Blatter.*

PASS LIST.

CONJOINT BOARD.—FIRST EXAMINATION.

Part I.

Chemistry and Chemical Physics.

Curtis, P. J.	Mitchell, W. G.
Judge, E. M.	Sweetlove, J. W.

Part II.

Materia Medica and Pharmacy.

Moffatt, C. E.	Russell, F. M.
Roe, E. E. W.	Wilmot, P. McK. C.

Part III.

Anatomy and Physiology.

Beach, H. W.	Layman, S. G.
Burrow, T.	Manning, G. E.
Clayton, L. E. V. E.	Matthews, A. K.
Cock, H. E.	Mathison, A. J.
Colley, C. R.	Miller, A.
Collier, H. W.	Miller, W. F.
Constable, J. C.	Mumford, W. G.
Covernton, C. E.	*Nicholson, T. M.
Cowan, F.	Peake, W. H.
Duffett, H. A.	Peatson, J. C. S.
Eastes, G. L.	Pern, H.
*Fagge, R. H.	Pitt, W. C.
†Fothergill, E. R.	Poole, C. C.
*Grummitt, W.	Prebble, E. A.
Hardenberg, E. F. H.	*Price, A. A.
†Henson, W. J.	†Price, W. M.
Henson, W. W.	Rice, D.
†Hewetson, H.	Roberts, E. S.
Higgins, C. P.	†Salmon, C. A. C.
†Hovenden, A. C.	Sergeant, R.
Hovenden, G. S.	Stuart, W. L.
†Howard, J. A.	*Thurston, H. B.
Hughes, S.	Turner, H. F.
Instone, B.	Wilkins, J. C. V.
Judge, E. M.	*Zumbado, F.

† Passed in Physiology only. * Passed in Anatomy.

SECOND EXAMINATION.

Anatomy and Physiology.

Cresswell, S. C.	Moon, R. H.
Dukes, E. S.	Pantin, C. S.
Eccles, H. D.	Phillips, R. E. G.
Hazell, F.	Ritchie, R. H.
Hopkins, F. G.	Sharp, A. J.
Johnson, W. J.	Taylor, J. W.
Kirkby, R. C.	Wilmot, P. McK. C.

DEATH OF MR. J. S. MORGAN.

It is with great regret that we have to record the death of the above-named gentleman, who was a Governor of the Hospital and a munificent benefactor to the Institution. Mr. Morgan was the head of the world-renowned house in Old Broad-street, to which position he succeeded the late Mr. George Peabody (also a Governor of the Hospital) about 20 years ago. It had been his habit to spend the winter at Monte Carlo, from which place he wrote a letter to the counting-house a day or two before his death, expressing his intention of visiting the New College on his return to England. It appears, however, that on the Thursday before Easter he was being driven out, when the horses of his open carriage became restive owing to the passing of a train by the roadside, and on rising to see if the coachman had command of the animals, he was thrown violently into the road, receiving terrible injuries, which resulted in his death.

Possessed of great wealth, nothing, apparently, gave him greater pleasure than its judicious distribution where financial assistance was needed. It is an open secret that the Special Appeal Fund of this Hospital would probably never have been the success it has turned out, had not Mr. Morgan, then a stranger to the place, offered £10,000 as a fillip at a time when it seemed to have stuck fast. Since then his great liberality, in conjunction with other like-minded citizens, towards the Nurses' Pension Fund has, in a marked degree, secured the success of that effort.

Mr. Morgan, who was in his 77th year, was of a singularly modest and retiring disposition, but there was probably no man in the City whose sound judgment on all business matters was more looked up to and relied upon. It is a coincidence that Sir William Gull and Mr. Morgan, who were great friends, were elected Governors on the same day, and that only a few weeks should thus separate their deaths. Both in their day and generation have done good work: may there be others to follow in their footsteps.

GUY'S HOSPITAL STUDENTS' BIBLE CLASS.

This Class, which was started by the late Dr. S. O. Habershon in 1849, has been continued with but few intermissions ever since. Meetings are now held weekly during both winter and summer sessions in the Board Room (which has been kindly lent for the purpose by the Treasurer) on Thursday afternoons from 4.30—5.15. The class is usually conducted by the students themselves, but addresses are also from time to time given by members of the Staff and other speakers, both clerical and lay.

The Class is, and always has been, quite unsectarian, all students being invited to attend.

Walter Fisher, a former secretary, is now working as a Medical Missionary with Mr. F. S. Arnot in Centra Africa, and Dudley Kidd, another ex-secretary, is with Mr. Spencer Walton at the Cape.

The Class is connected with the Medical Prayer Union, also started by Dr. Habershon, and united meetings of the branches connected with the various Medical Schools throughout London are held at intervals during each year.

Any further particulars may be obtained from the Hon. Sec. (C. G. Roberts), who will be very pleased to answer questions or hear from friends of new students at the Hospital.

Physical Society.

The closing meeting of the present session was held on Saturday, the 22nd inst., Dr. Wilks being in the chair. The meeting was well attended, and was honoured by the presence of the Treasurer, Mr. Lushington. The author of the Treasurer's Prize Essay, Mr. A. J. Sharp, read his paper on Heredity, and some discussion followed. We hope to publish in extenso this very able essay, and forbear, therefore, to give any account of it in this place. Mr. Frank Colclough, to whom the Presidents had awarded a special prize of two guineas for his essay on this subject, which was of very high quality, opened the discussion, and he was followed by Messrs. Henderson, Steele and Rake. After the discussion, Dr. Pitt, the Senior Secretary, who is this year retiring from that post, read the report on the session's work, which was of a very satisfactory nature. The attendance at the society's meetings was better than for five years past, and the quality of the papers and essays maintained a high standard, though perhaps the same could not be said for the debating power. Dr. Pitt then announced that the sub-committee of the presidents appointed to decide on the merits of the papers read before the society, had awarded the first prize of £7 to Mr. F. G. Hopkins for his paper on Physiological Pigments, and the second prize of £3 to Mr. H. E. Durham, B.A., for his paper on "Some points which concern predisposition and immunity in disease." Mr. Starling, speaking subsequently, remarked on the exceptionally high quality of the essays submitted for competition; he had scarcely dared to expect to read papers containing so much thought and work from busy Guy's students.

Votes of thanks to the Presidents, to the successful Essayists, to the Secretaries, and to Mr. Lushington and Dr. Wilks then followed. The Treasurer, in replying, thanked Mr. Sharp for his paper, which was of great interest to him personally. He mentioned, *à propos* of the subject, that the three sons of his friend the late Matthew Arnold, though in no sense poets, were all of them able musicians. Dr. Wilks, in responding, said he was in no way surprised to hear that the Physical Society had had a successful session because he knew that good work had been done throughout the School, and since the best men about the Hospital were always concerned with the Physical Society, the latter always epitomized the general condition of Guy's.

We have lately had an opportunity of reading a copy of the rules of the Physical issued in 1820. The Society, even then an old one, must then have had a virility which it stimulates one to read about. It comprised, in addition to ordinary members, corresponding members and honorary members, who are defined as "men of eminence in the profession or any of the sciences," and also honorary associates, who were to comprise such as had made important discoveries in Physical Science; Sir Humphrey Davy as well as Edward Jenner were not above accepting diplomas in the latter capacity. It further indicates the verve about the Society in those days that it enforced fines from all members who did not attend any given meeting, and it was able to pay its secretaries very handsomely for their services. Altogether, there can be no doubt about the quality of the germ-plasm of the Physical, or the good work which it will do in the future. We propose to deal shortly with the changes in the syllabus of the Society which have been recently decided on by the Presidents, and which were announced by Dr. Pitt at the above meeting.

ON THE OPENING OF GUY'S COLLEGE BY MR. W. E. GLADSTONE.

'Tis many years now, since the State
Lost one of her most kindly men
In Thomas Guy, and who since then
Has borne, to us, a name so great.

With steady growth in years and mind,
He wealth increased from more to more;
And to his riches added store
Of Christian thoughts and actions kind.

Those deeds were never done in vain,
For his example ne'er will fade,
As gift by gift to us is made
To heal the sick, to lighten pain.

And now another deed is done:
Our College there now stands complete,
Where we shall find a safe retreat
Till all our student's course is run.

Such an occasion sure is worth
The words of wisdom that will flow
From one, whose presence well we know.
We'll greet him gladly with all mirth.

And this in thought we'll hear him say:
"May knowledge grow within these walls;
May those be present when she calls,
Who'll search the truth without delay.

"You're no more scattered far and wide,
In lonely rooms, in dismal street;
But round one common board you'll meet,
To learn life's lessons side by side.

"So in the long, unending strife,
By burning late the midnight oil,
With patient and unceasing toil,
You'll fitly fill your place in life.

"The health of Britain's in your hand;
Strive all your might to keep it good,
And working for our brotherhood,
You'll bring fair fame to this our land."

G. T. B.

THE VOLUNTEER MEDICAL STAFF CORPS.

This corps is, at present, well represented at Guy's, as I hope it will continue to be. As Guy's men took a prominent part in the formation of this corps, a few remarks about its origin might be interesting. Mr. Cantlie, of Charing Cross Hospital, having pointed out how the volunteer force, if called upon to take the field, were, with the exception of a few bearers attached to some regiments, totally unprovided with the necessary appliances for the treatment of the sick and wounded, suggested that the medical students of Great Britain should come forward and remedy this great defect in the volunteer system. The medical students, ever ready to perform their duty, eagerly responded to this call and began to enroll themselves for the purpose of forming a volunteer corps properly trained in ambulance work. This was soon established on a sound basis and recognised by Government. Owing to some dispute with the officer then in command of the Guy's company, our detachment did not flourish as it should have done. Latterly, however, matters have improved, our numbers have increased, and Guy's seems resolved to represent itself properly in this as in other inter-hospital affairs. The attractions we offer to recruits are too numerous to be mentioned in full, I shall therefore content myself with pointing out a few of them. In the first place ambulance work is not included in the hospital curriculum, but some idea of it might be useful to the G. P. Again the Easter manœuvres and the week in camp at Aldershot afford a cheap and healthy holiday; and surely it is every man's duty to help in perfecting the system of volunteer defence of his country. I shall be pleased to hear from any man thinking of joining, and to give any particulars required.

The cost to men joining the corps for four years is 10s. entrance fee and 10s. yearly subscription, which is returned if men turn out at Easter and go to Aldershot. Men can join for three years if they like but must then pay £1 for uniform, and as one must be at the hospital for four years, one may as well serve for that time. At Easter we have to pay from 5s. to 7s. 6d. to cover expenses, but deducting the half subscription which is returned it leaves 2s. 6d. as the maximum cost; at Aldershot food and lodging is provided by Government, so that expenses depend on the consumption of tobacco and beer, both of which are retailed in the canteen at an exceedingly low figure. At present there are 42 Guy's men in the corps, but as unfortunately some men who have served faithfully for many years must now resign owing to their hospital career being finished, we shall have some vacancies for recruits this summer. During the winter session drills take place twice a week up to Christmas, and once a week after that during the session. Men on joining should put in their recruit drills before Christmas, so as to be able to go on with the bandaging and stretcher drill, and know their work by Easter. Since the gymnasium has been started, we have been obliged to drill in the park; during winter this is rather cold work for the squad, although it affords amusement to the classes held in the physiological laboratory.

This Easter we are to be quartered at Shorncliffe, a charming place to spend four days holiday in. Men who are going in for the conjoint examinations, should make a point of coming as they can here forget their serious (and probably imaginary) mistakes in the paper, and go up for the vivâ refreshed in body and mind, with such a store of cheek in hand as must inevitably carry them through the fiery but pleasant ordeal.

C. E. POLLOCK.

Sport.

FOOTBALL.

The First Fifteen.

The First Fifteen has played eighteen matches, of which it has won six, lost ten, and drawn two. Five fixtures were unplayed, three on account of the weather, one through the influenza epidemic, and one was scratched by the opposing club. We have beaten Dulwich College, London Welsh, Clapham Rovers, East Sheen, Northampton and London Hospital, drawn with Kensington and Barts., and have succumbed to Cooper's Hill, Croydon Swansea, Rosslyn Park, Old Merchant Taylors, Newport, Sandhurst, Middlesex Wanderers and St. Thomas's.

The season has been throughout unlucky. In six of the ten matches we have lost, we have only been beaten by a try to nil, and in the remaining four the weak teams we have put in to the field go some way towards accounting for our defeat.

Illness and accident have also weakened our team. Reid broke his leg at Xmas, and we lost his most valuable services at three-quarter for the rest of the season. Allport and Biggs also were unable to play in several matches, and most dire calamity of all, we lost our plucky full-back Coleman, who was badly hurt just when we most wanted him at the commencement of the Thomas's match.

Of the results of the Cup Ties, we have no reason to be ashamed. Having beaten London easily, we fell off somewhat in the second round, and only drew with Barts.; but in the third round, where we met our old opponents Thomas's, we shewed our true form, and a splendid and most stubbornly contested game only ended in our being defeated by a goal obtained in the last two minutes.

We have a strong fixture card for next season, and it is to be hoped that fortune will favour us more than it has done in the past. We are losing the valuable services of several men in the present team, but on the other hand, if rumour speaks true, there will be plenty of new talent to replace them. We trust too that men will not desert us to play for other clubs with a bigger name than our own, but will strive by playing for us consistently to keep us in the foremost place among London clubs. This last point cannot be too strongly insisted upon.

Owing to the numerous matches which have been played away, and the losses sustained over the Smoking Concert, the finances of the club are not in as good a condition as they might be, but we trust to be able to show a balance on the right side, at all events.

The following has been the Cup Team and Reserves throughout the season:—J. G. B. Coleman (back); J. J. E. Biggs, W. G. Mitchell, J. W. Ensor (three-quarters); H. Cooper, L. C. Burrell (halves); L. E. James (reserve): A. Allport, F. G. Swayne, N. Instone, W. Bligh, H. Wilks, E. M. Pilcher, W. G. Rogers, G. Birdwood, A. W. Sheen (forwards); C. S. Pantin, B. Instone, F. H. Cloud, T. G. Sheringham (reserves).

The Second Fifteen.

The Second XV. has played eleven matches this season, of which it has won four, drawn one, and lost six. Of the remaining nine fixtures five were scratched by the opposing clubs, two were not played on account of the weather, one (that on the day of the North *v.* South match) was scratched by mutual consent, and one we scratched through inability to raise a team. We have beaten Middlesex Wanderers II, Bart's. II, and Rosslyn Park II (twice); and we have been defeated by Eardley Park, Croydon II., Blackheath II., Sidcup and Sutton (twice). One match with St. Thomas's II. ended in a draw.

During the season no less then *forty-three* different men have played for the team. This fact speaks for itself, as showing the amount of material available for Hospital football. So many men having played, it is impossible to give a list of the members of the team. Tries have been obtained by H. V. Barr, J. W. Ensor (2), E. S. Tuck, L. C. Burrell, W. H. Jewell, H. S. Spon, C. E. Carpmael, W. L. Stuart, W. Nicholson, and S. C. Cresswell. The last-named has also dropped a goal.

Our poor success this season is to be attributed to two facts: Firstly, the taking of men for the First XV. late in the week, when it is difficult, and often impossible, to secure efficient substitutes; and secondly, the fact that so many men leave us to play for outside clubs. The first of these reasons is a necessity to which all Hospital seconds have to submit; but the second is one which ought not to obtain. The teams for which we are deserted are no better, and often worse, than our own; and if men would only play consistently for the Hospital, we should have as good a Second as any club that plays.

An Honour Cap is to be awarded this season, to be divided by votes of the team, and it is to be hoped that the votes will be taken at no distant date.

LAWN TENNIS.—BALANCE SHEET.

Receipts.

	£	s.	d.
To Balance from 1888-1889	5	3	4½
,, Subscriptions	11	0	6
,, Entries for Tournament	0	19	0
,, Sale of Keys	0	5	0
	£17	7	10½

Expenditure.

	£	s.	d.	£	s.	d.
By 5 Keys at 1s. each	0	5	0			
,, Subscrip. to United Hospitals	3	3	0			
,, Chapman's Account	1	1	0			
,, Ayre's Account	0	7	0			
,, Field's Account	0	3	0			
,, Ash & Co.	1	19	0			
,, Sundries	1	1	11½	7	19	11½
By Balance				9	7	11
				£17	7	10½

Death.

POLAND.—On Feb. 28th, lost in the wreck of the Quetta, James Harry Poland (Surgeon), eldest son of the late Alfred Poland, of Guy's Hospital, aged 35.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. Wells, Medical Office, Guy's Hospital, S.E.

A GENTLEMAN, married, who has lately given up large practice, wishes to hear of a partnership, with view to early succession preferred, or practice. Home counties. Good scope essential. Would take sole charge, or travel for few months.—Address, M. M., Medical School Office, Guy's.

DOUBLY QUALIFIED GUY'S MAN, late H. S., æt. 35, married, wants to Purchase (by instalments preferred) practice or partnership of £500—£800, with a good introduction; about an hour or hour and half from London; Kent, Surrey or Sussex preferred. Accustomed to ride and drive; no objection to country work, provided practice is situated within a reasonable distance of fair-sized town.—Apply I. Medical Office, Guy's.

F. R.C.S. and L.R.C.P. (31). who has done all the senior appointments at Guy's, and is now resident medical officer at a Provincial Hospital, desires a Junior Partnership in a first-rate practice; fond of work; provincial town preferred; unexceptionable references.—Chirurgus, care of Mr. Wells, Medical Office, Guy's Hospital.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

WANTED to Purchase a Partnership in a good-class Practice (London suburb or good provincial town) with income from £500 to £800 per annum, by one who is doubly qualified, and well experienced in general practice.—Address "Omega," Guy's Hospital, S.E.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

MAY 3, 1890.

A CASE OF MICROPHTHALMUS AND GLAUCOMA.

The following case is of interest on account of its presenting so many congenital abnormalities.

Rose S., age 18, was admitted under Mr. Brailey on January 20th, 1890, for dimness of vision and pain in the eyes.

On admission.—Patient is short and ill-developed bodily, though somewhat precocious mentally.

The corniæ of both eyes are small.

Right eye. V = Fingers at 10ft; Iris atrophic at outer $\frac{2}{3}$. Lens present. Field deficient. T+1.

Left eye. V = Fingers moving at 3 inches. Iris deficient all round with jagged edges. Lens present. T+2.

The fundus is normal in both eyes.

Alimentary system. The following teeth only are present. No permanent teeth have been extracted:—

Upper jaw. Right permanent canine, first and second bicuspids, first molar and second temporary molar; left permanent canine, first and second bicuspid.

Lower jaw. First bicuspid, first and second molar; left permanent lateral incisor, canine, first bicuspid and first and second molar.

At birth patient had an imperforate anus, and an umbilical hernia appeared shortly after. These two latter conditions were treated at the Evelina Hospital, but unfortunately the report of the case cannot be found.

Circulatory and generative systems apparently normal. No V. E. made.

In congenital absence of the teeth it is usually observed that hair is also either absent or scanty, but here, not only was the hair of the scalp plentiful, but there was also a profusion of downy hair on the face.

The condition of the eyes was being improved by sclero-puncture and eserine, when the patient, unfortunately, was attacked by diphtheria and was removed to the Fever Hospital.

C. SPURRELL.

FRACTURE OF THE SKULL.

J. B., aged 53, a labourer, was admitted on April 21st, under the care of Mr. Golding-Bird. He was standing on the scaffolding of a house in process of repair, when a plank gave way and he fell on the rafters of the first floor beneath.

He did not lose consciousness, and when first seen in the hospital he complained chiefly of pain in the neck and stiffness in turning his head. The pupils both reacted sluggishly to light, the left being rather the larger. Left eyelids swollen and ecchymosed, and beneath the conjunctiva of the left eye, just external to the cornea, there was an extravasation which did not extend back to the fornix or reflection of the conjunctiva. This hæmorrhage was triangular with base forward. The patient bled from the left nostril, but not from the ears. On the head were two hæmatomata, one just behind the left ear, the other higher up on the back of the left parietal bone. The latter was well defined about an inch in diameter, hard, round, with a soft fluctuating centre. Surface slightly

abrased. There was also a compound dislocation of the terminal phalanx of the right thumb backwards and inwards.

Treatment.—The dislocated thumb was easily reduced, and put up in a splint. Ice-bag applied to head. Milk diet.

April 22nd. Temperature 99°. Very considerable black eye (left). The hæmorrhage beneath the conjunctiva is rather more diffused. Pulse 80. It is very irregular, but strong and incompressible; occasionally intermittent. No paralysis anywhere; pupils equal and active to light. The patient is perfectly rational, and to all appearances there are no symptoms of any severe injury.

In the afternoon the pulse was more regular, the patient was drowsy and preferred sleeping in a sitting posture. Twitchings of the right arm, and subsequently of the left arm, were observed. He refused food after middle of the day.

23rd. 1 a.m. From the drowsy state in the evening of yesterday the patient has passed into a semi-conscious condition. Breathing very hard. No fresh physical signs.

3 a.m. Quite comatose; and so he died.

Autopsy—There was a depressed fracture of the skullcap beneath the upper of the two hæmatomata. The depression was slight, involving but a small triangular piece of bone. From it ran upwards a fissure two inches in length, and a second much longer one ran downwards and forwards into the roof of the left orbit. The base of the skull also showed a fracture, an irregular crack running from the inner and posterior surface of the petrous ridge on the right side across the pituitary fossa to the tip of the petrous bone on the left side. There was a firm clot beneath the depression of the calvarium between the dura mater and bone over a branch of the middle meningeal artery. This clot was circular, two inches in diameter and one-eighth of an inch thick. The brain was bruised on the left side beneath the fracture, and also slightly on the under surface of cerebrum and cerebellum.

In addition to the blotchy hæmorrhage beneath the conjunctiva on the left side, which was due to external violence, blood was also beginning to come forward from the back of the orbit in the usual way.

R. H. LUCE.

MENTAL DISEASES.

BY DR. GOODALL.

(*Concluded.*)

The last part of this paper should naturally treat of some of the approved methods of ministering to the mind diseased. I need not remind you of the importance of noting early symptoms as early as possible, and insisting on rest, change or seclusion. As regards nursing, there is much room for improvement in most asylums: a good nurse would not fail, either, to find plenty of interesting work amongst the cases of acute delirious mania, melancholia with refusal of food, and the numerous cases of illness to be found in the sick rooms of asylums—whose mental affliction renders suitable treatment the more difficult. Sedatives in all forms are, as you may believe, in frequent use, and the stronger kinds are often necessary, such as hyoscyamine and the salts of hyoscin. These have a most satisfactory effect in noisy, destructive and dangerous patients. The best authorities, however, do not encourage the use of sedatives, except under special circumstances—as when the patient is to be treated at home, or when sleep is not by any other means procurable. Such means consist in out-door exercise, which has often to be insisted on; in good feeding (by stomach pump if necessary) in combination with massage. It is necessary to bear in mind that peace may be too dearly purchased in asylums by this form of restraint known as "chemical." Sedatives, so far as I saw, were but seldom

employed in Bethlem. As regards restraint other than chemical—it is just now looked upon as a heresy to employ such. This is merely one more instance of the ebb and flow of human opinion, of the prejudice and dogmatism which conspire to disgust and sour us.

Conolly—the apostle of no-restraint—has been out-heroded by those meaner spirits who caught his falling mantle, to wrap it with indecent haste around themselves. We can only hope for increasing liberality of view in this regard.

In passing I will mention shower baths and electricity as forms of treatment in cases of stupor and the like. The prolonged warm bath, also, is decidedly advantageous in some cases; a patient may be kept in such all day. I have several times seen conditions such as active melancholia, acute mania, acute delusional insanity, soothed by the bath, in which the patient lies in sleepy comfort. The screwed-down lid may look forbidding; not more so than the exterior of many town houses, within which all is luxury. I well remember the disapproval shown by two Russian doctors on seeing such a contrivance in this country which they were pleased to call the home of no restraint. The patient whose case excited their commiseration, had, as a matter of fact, asked for a repetition of the bath, finding that it gave her rest from suspicions for a time at least.*

And now, in conclusion, leaving these well-known methods of treatment, I wish briefly to refer to an ideal treatment. Hypnotism is such, to my mind. Could we but cast a glamour over the patient, restrain the restless wanderings of his fancy, exorcise the merciless voices holding dominion over him—could we draw him aside from the rough path of his existence, engage his attention, instil into him new beliefs, prophecy for him a brighter future—could we do this, we should indeed be fortunate. It is perhaps too much to expect. We rarely find a Faust to play to our Mephistopheles. At the beginning of the year, I wrote a short account to the GUY'S GAZETTE of some attempts to hypnotize patients in Bethlem Hospital, and I there attempted to point out some difficulties which rendered those attempts barren. A further experience has not made me more sanguine. How is one to obtain the attention of the patient? You will at once see the difficulty here, whether in maniac, melancholiac, or deluded. I have tried all kinds, and made repeated attempts, each of duration varying from ¾ hour—1 hour. At the end of an hour it is a frequent experience to be met by a burst of laughter, an irrelevant remark, or bad language, showing that no impression at all has been made. In a case of a girl at Bethlem, who was induced to eat after having refused food for seven months entirely, I believe that we overawed the girl—by the means used, dark room, strong light, &c.—rather than hypnotised her. In fact, it is certain she was not *hypnotised*, and I never saw hypnosis produced in any case at Bethlem, although the most approved methods were employed by a practised person. Lately I have succeeded in hypnotising a man, who is certainly in an asylum, has had depression, believing that God was offended with him, &c. When I commenced he was still depressed, believing himself an evil-doer, but could work and converse rationally. He was not therefore a clear and undoubted case; so far no insanity is concerned. He has been hypnotised five times, each time one has insisted that his ideas as to sin, ruin, &c., were false; that God had forgiven him; that he was daily improving, getting more self-confidence, &c. The main result up to the present is, that he—as the attendants inform me, who ask him casually as to his health—is deeply impressed with the belief that God is, so to say, on his side, and that he is to get better. But I cannot say there is any striking improvement. This man, while in the induced state, will

* Social Religious Applications.

eat a raw potato when told it is an apple; drink a nauseous compound, when told he is having sherry; make a wry face at eau de Cologne, being told there is a horrible smell of drains about; allow pins to be stuck into his arm; will be unable to move a limb, when told it is dead and numb; unable to give his name, etc. I purposely avoided experimenting on him in this way to any extent, because it is not considered advisable when one's object is to make suggestions. Unfortunately the man began to feel an undesirable attraction towards me, felt impelled to come to me when I entered a room, and said I had "bested" him. Two days ago, having hypnotised him, I insisted that he would merely regard me as an instrument: that the suggestions were from a higher source; and made other statements, with a view to rid him of the idea of my personality. On this occasion, also, we got his sister, who is also in the asylum, to tell him he was daily improving; also that she herself was improving (since the idea of her being insane oppressed him). I can speak no further about the case now, but I hope, in the future, to give an account of it. Briefly, we require answers to three questions in regard to this matter. (1). Can the insane be hypnotised. (2). In the hypnotic state, are they amenable to suggestion. (3). Do they remember and carry out suggestions in the waking state? Prof. Voisin lately read a paper upon the subject in this country, giving cases in which he had obtained success. Some of his statements were remarkable. He has been fortunate enough to *cure* persons suffering from hallucinations and delusions, suicidal ideas and acute mania, dipsomania: even obstinate cases of onanism. Children of depraved morals have had their habits of thought transformed, being brought to love good instead of evil. These are the only records of success with which I am acquainted: though, doubtless, there are others in the French Journals. Heidenhain goes too far when he repeats the statement of an alienist physician that lunatics cannot be hypnotised. I have carefully looked through some recent German papers dealing with insanity, and the general opinion is that the outlook for hypnotism in this branch is a poor one: one author says it is likely to do more harm than good. But the subject presents a large field for observation, and until this has been more thoroughly explored we may be allowed to cherish our idea. I thank you for your kind attention.

NOTES FROM THE DISPENSARY.

IPECACUANHA ROOT in powder as a dressing for malignant pustule. In several cases of anthrax which have recently been operated upon in the hospital, the surface of the wound has been covered with a layer of powdered ipecacuanha. I believe that in all these cases successful results have followed. The ipecacuanha has been applied with the object of destroying the anthrax. Experiments have been made by Dr. Washbourn which prove that the powdered root does kill anthrax although it has no action on the spores. A solution of emetine has the same destructive effect upon anthrax as the ipecacuanha, so that it is apparently this alkaloid which is the active agent.

CALCIUM HIPPURATE.—This salt is recommended in the treatment of uric diathesis, in scrofula, and in hepatic cirrhosis. It may be prepared extemporaneously as follows:—

Hippuric acid	1 part.
Lime water	35 „
Syrup	35 „

Dose—A tablespoonful.

NATURE AND TREATMENT OF RED NOSE.—The celebrated dermatologist Unna says the following about the nature and treatment of red nose in the *Therapeutische Monatschefte*. Rosacea (vascular enlargement) is the cause of one-fifth of the cases of red nose, the greater part is due to seborrhœa in the hairy parts of the head, and this is to be attacked first with the usual remedies. In cases where rosacea is the cause, Unna gives 1 to 2 grains of ichthyol internally and at the same time applies an aqueous solution of it externally at night, or he prescribes the following application:—

Zinc ointment	20 parts.	
Rice starch	5 „	
Sulphur	2 „	to form a paste.

Later on Unna gets the enlarged venous trunks punctured with Hebra's instrument two or three times a week, the little wounds being covered with wet wadding. For very mild cases repeated washing with ichthyol soap is recommended, warm water only to be used as in all cases of rosacea.

BROMOFORM IN THE TREATMENT OF WHOOPING COUGH. It is stated (*American Journal of Pharmacy*, Feb., 1890) that bromoform has recently been recommended in the treatment of whooping cough. The dose is in direct proportion to the intensity of the affection and age of the patient. One to two teaspoonfuls of a solution are given every hour of 5, 10, 15 to 20 drops of bromoform in fl. ʒiv. of water with ʒj. to ʒij. of alcohol to increase its solubility. Bromoform differs from chloroform, which has been used and found to be of no value, in its internal administration by not acting upon the mucous membrane. It is a colourless liquid, and is only slightly soluble in water, 100 c.c. dissolving with persistent shaking only 5 to 6 drops.

H. COLLIER.

Queen Extracts.

MORVAN'S DISEASE.

In the *Progrès Médical* for March 15th and 22nd, is published a clinical lecture by Prof. Charcot on an affection which was first described by M. Morvan (of Lannilis in Brittany) in the *Gazette Hebdomadaire* for 1883, under the name of "Analgesic paresis of the upper extremities accompanied by whitlows." There M. Morvan relates how, some 25 or 30 years previously, a man, aged 60, had consulted him for a whitlow on one of his fingers; Morvan found that one of the phalanges was necrosed, and proposed to make an incision in order to remove the dead bone; to this the patient somewhat reluctantly consented, even though assured that the pain would be but momentary. Great was Morvan's surprise to find that the incision caused the patient not the slightest pain—he never even winced. Another investigation revealed the presence of anæsthesia of the hand and forearm.

In his lecture, Prof. Charcot sums up all that is known of Morvan's disease up to the present time. It commences with neuralgic pains in the fingers; these are followed by loss of power and atrophy, more or less marked, of the muscles of the hand and forearm, first on one side, then on the other; finally loss of feeling appears, which is usually confined to the hand, forearm, and part of the arm, but sometimes extends to the whole of the upper limb, and even to other regions of the body; there is loss of sensation of touch, pain and temperature, important facts from a diagnostic point of view; for, according to Charcot, in syringo-myelia (with which Morvan's disease has been confounded), while there is loss of temperature and pain sensation, tactile sensibility is preserved. The whitlows are indolent; sometimes there is only one, but often there are more, which appear successively at intervals of, it may be, many years. Besides the whitlows, which lead to the destruction of the soft parts and bones, there are other trophic lesions; the nails become deformed and fall off, or the hand gets livid and cold and is the seat of excessive sweating. In some instances joint affections have been observed, in others scoliosis. Rarely are the feet attacked. Of the etiology but little is known, and still less of the morbid anatomy. So far, the malady has been met with chiefly amongst the people of Brittany, in men more frequently than in women, and at ages varying from 12 to 60 years. It is of very long duration, and as regards cure the prognosis is unfavourable. In the only autopsy that has been made sclerosis of the posterior cornua, posterior columns, and central parts of the cervical cord was found, but no cavities such as characterise syringo-myelia.

Charcot thinks that Morvan's disease might be confounded not only with syringo-myelia but also with anæsthetic leprosy, with Raynaud's disease, and with that form of sclerodermia which manifests itself chiefly on the fingers.* But such errors in diagnosis can only result from an imperfect knowledge of these several diseases on the one hand, or an incomplete examination of any particular case on the other.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

THE COLLEGE LIBRARY.

DEAR SIR,—I am delighted to see that you are starting a non-medical library in your new college. When I was at Guy's the want of books for general reading was sadly felt by many of us, and since I have been in practice I have often looked back with regret upon spare hours which might have been better spent had it been easy to borrow books such as you propose to have in your library. As a "struggling practitioner," I am sorry I can not send you a larger subscription, but I enclose half-a-guinea, with my very best wishes for the success of the scheme.—I am, &c.

AN OLD GUY'S MAN.

DEAR SIR,—Guy's men of an antiquarian turn of mind will find an article of remarkable interest on the history and topography of the district immediately surrounding their Hospital, in *Good Words* for October, 1889. This article is brightly written by Mr. William Preston, and excellently well illustrated by Mr. Herbert Railton, who is artist to the *English Illustrated Magazine* and other high-class papers. In this article we are informed that Bishop Bonner, who burned so many good Protestants in the reign of Bloody Mary, and with whom we are all familiar through Ainsworth's novels, lies buried in St. George's church; where also Cocker, the author of "Cocker's Arithmetic," and from whom the phrase "according to Cocker" has its origin, sleeps his everlasting sleep. We are also told some interesting facts about St. Saviour's (formerly St. Mary Overy's) church; about the old Mint (in Redcross street), and the Tabard Inn (High street), rendered immortal by Chaucer.

* There is an example of these two last affections in Clinical (Miriam) Ward at the present time.

The author, however, neglects to mention "Lant Street in the Borough," where Dickens's ever-green Bob Sawyer held his never-to-be-forgotten party at which the scorbutic youth and the gentleman in the pink anchors had their little quarrel in "a manner highly honourable to all parties concerned." Whether as a matter of fact any Guy's student in the past ever really lived in Lant street is very doubtful; certainly none would wish to do so in the present. There is a capital engraving of the Tabard Inn, also of St. Saviour's, and a view of Borough High Street from St. George's church in 1543.

But Guy's men should get the number and read it for themselves.—Yours, &c., E. C. B. IBOTSON.

Dear Sir,—It may be of melancholy interest to some of your readers to know that this morning there passed away from sheer old age an old Guy's sister, Jane Robertshaw, aged 81. She was, I understand, for 30 years sister to Dorcas Ward. She retired from active work somewhere about 1876 or 1877. She had been under my care for the past four years, and was of extremely active habits up till about 18 months ago.—I am, yours faithfully, WALTER FOWLER.

THE COLLEGE LIBRARY.

SECOND LIST OF DONATIONS.

R. M. Harvey, Esq.	A set of books		
S. Hoare, Esq., M.P.	Some books		
H. Vigne, Esq.	£1	1	0
F. W. Pavy, Esq., M.D., F.R.S.	10	10	0
P. H. Pye-Smith, Esq., M.D., F R.S.	10	10	0
C. J. Symonds, Esq., M.S.	5	5	0
L. E. Shaw, Esq., M. D.	5	5	0
H. G. Howse, Esq., M.S.	5	0	0
W. Hale White, Esq., M.D.	3	3	0
H. H. Austen, Esq., M.D.	2	2	0
T. Stevenson, Esq., M.D.	2	2	0
L. A. Dunn, Esq., M.S.	2	2	0
J. H. Targett, Esq., M.S.	2	2	0
F. Newland-Pedley, Esq., F.R.C.S.	2	2	0
W. Laidlaw Purves, Esq., M.D.	2	2	0
F. H. Shaw, Esq.	1	1	0
C. Knox Shaw, Esq.	0	10	6
A. H. Meadows	0	2	6
A. Allport	0	2	6
H. Austin-Smith	0	2	6
P. Paget	0	2	6
J. H. Bryant	0	2	6
H. W. Webber	0	2	6
A. Ellis Durham	0	2	6
J. W. Russell	0	2	6
J. D. Cruickshank	0	2	6
J. W. Smith	0	2	6
G. Sichel	0	2	6
C. E. Salter	0	2	6
R. G. Pollock	0	2	6
J. D. Thomas	0	2	6
F. E. Williams	0	2	6
H. J. Holman	0	2	6
D. W. Samways	0	2	6
P. Wilmot	0	2	6
W. H. Fisher	0	2	6
H. Cuff	0	2	6
T. S. Jackson	0	2	6
C. S. Spurrell	0	2	6
J. S. Richards	0	2	6
C. E. Pollock	0	2	6
P. J. Curtis	0	2	6
W. H. Dixon	0	2	6
W. Winslow	0	2	6
A. S. Wohlmann	0	2	6
A. T. Rake	0	2	6
E. Deane	0	2	6
W. G. Rogers	0	2	6
F. S. Wood	0	2	6
R. G. Poole Lansdown	0	2	6
H. G. Biddle	0	2	6
A. C. Elliman	0	2	6
V. J. Hodgson	0	2	6
A. E. Norburn	0	2	6
W. E. S. Cobb	0	2	6
A. D. Fripp	0	2	6

The chest of books promised by Mr. Gladstone for the Library has been received, and contains the following volumes:—

Grote's "Greece," 12 vols.
Dyce's "Shakespeare," 10 vols.
Milman's works, 4 vols.
Scott's Poetical Works.
Abbey's "English Church," 2 vols.
May's "England," 2 vols.
Boswell's "Johnson."
Russell's Speeches.
Smith's "Messiah," 3 vols.
Scott, 25 vols.
Hooker's Works.
Aldine Poets, 52 vols.

PROPOSED CYCLING CLUB.

It has always seemed to us a matter of regret that no form of cycling association should exist at Guy's. We are glad, therefore, to hear that a desire has grown up in the minds of some of our readers to make an attempt in this direction, and we willingly chronicle the kind offer of one of them, himself a student, but not wishful of having his identity known, to present a cup for cycling. This cup will be a valuable one, and if sufficient enthusiasm be shown in the matter, will be presented annually, and will be competed for at the Guy's Athletic Sports meeting. It is proposed to hold a meeting to consider the question on Tuesday next, the time and place of which will be posted in the Colonnade.

Passim.

The commencement of the summer session gives us the opportunity of welcoming a goodly number of fresh faces, and wishing them the best of success. Up to mid-day on Thursday there were 30 full entries, including four new students in the dental department. If the various special entries be included with these we can reckon on an addition of 48 to our ranks, a number which far exceeds the summer entry of any previous year in the history of Guy's Medical School. It is hardly necessary to say that our new friends are invited to take part in the athletic clubs and societies connected with Guy's, and, of course, support the Gazette.

The list of names for congratulation this week is a long one. Beside the Final Conjoint results the Beaney Prize has been won by Mr. J. Fawcett, the Michael Harris Prize by Mr. Ritchie, and the Golding-Bird Prize by Mr. T. G. Stevens. Among the recently elected Fellows of the Royal College of Physicians there are two Guy's men—Dr. Ashby, of Manchester, an old House-Physician, and Dr. Clifford Beale, who was Medical Registrar at Guy's for some time, and also an editor of the Gazette.

The first eleven cricket season begins to-day with a match against Beckenham. The subscription to the club (five shillings) is now due, and may be paid to Messrs. Reid, Jewell, or Carpmael, or to any of the Committee.

The list which we publish of the books presented by Mr. Gladstone to the Library of general literature will be read with considerable interest, as showing the style of book which so eminent a literary authority thinks best suited for the leisure reading of medical students. The practical interest in the formation of the library is shown by the satisfactory list of subscriptions in another column. But the expenses of starting will be heavy, and we hope that the sentiments expressed in the letter from "An Old Guy's Man" will lead many others to go and do likewise.

PASS LIST.

FINAL CONJOINT EXAMINATION.

As far as we have been able to ascertain the following gentlemen have passed in one or more of the three parts of their final examination:—

Bryant, J. H.
Cristal, T. F.
Elliman, A. C.
Emmett, J. W.
Fawcett, J.
Foster, F. F. F.
Fraser, R. C.
Hall, F. W.
Hodgson, V. J.
John, H. W.
Lacey, A. R.
Legg, C.
Montgomery-Smith, W. S.
Prime, C. J.
Richardson, H.
Russell, J. W.
Rygate, H. B.
Sarjant, F. P.
Smith, H. A.
Statter, H. B.
Thomas, A.
Whyte, H. W.
Wingate, W. W.
Wood, F. S.

Hospital News.

INTERESTING CASES IN THE GENERAL MEDICAL WARDS.

Addison	20	Lipoma of side.
Job	2	Subclavian aneurysm.
	5	Antral abscess.
	8	Icthyosis linguæ.
Naaman	1	Hodgkin's disease.
	5	Omental hernia.
	15	Hydrocle of cord.
Luke	2	Ankylosis of knee.
	18	Epithelioma linguæ.
Dorcas	12	Renal calculus.
	3	Stricture of rectum.
Charity	8	Pulpy knee.
	20	Palmar ganglion.
Patience	3	Carcinoma of jaw.
Stephen	10	Enlarged spleen.
	23	Laryngeal paralysis.
	35	Locomotor ataxy.
Philip	6	Albuminuric retinitis.
	8	Enlarged spleen.
	19	Peripheral neuritis.
	32 & 37	Lupus.
	39	Right hemiplegia.
Mary	13	Pneumothorax.
	18	Albuminuric retinitis.
	27	Cerebral Abscess.

Physical Society.

The Secretary's report at the last meeting of the Physical Society contained some important suggestions for the improvement of the Society which have not yet been published in the GAZETTE. While congratulating the various authors of papers and prize essays on the high standard of excellence attained, the presidents in that report regretted that the general quality of the debating power shown by members during the session had not been such as to justify them in awarding a "speaking" prize. In consequence of the proposals made by certain members at an earlier meeting in the session, added to the weakness in debate which has been specially noticeable this session, the presidents appointed a sub-committee to consider the questions raised, and to report thereon to a subsequent meeting of the presidents. In fulfilling their task the sub-committee did not confine themselves to the question of debate, but took into consideration all such measures as were likely to increase the popularity of the Society. Their report, which was adopted by the presidents, is subjoined:—

1. That application be made to the proper authorities for permission to use the reading-room or other suitable room in the College for the purposes of the "Clinical Evenings," the reading of papers to take place as heretofore in the Chemical Theatre, in order to maintain, as seems desirable, the traditional association with that place.

2. That two debates be held in each session, the one to replace a Clinical Evening, and the other the reading of a paper. The debates shall be on medical and other subjects of a general interest, to the exclusion of religious and political topics; the subject of the debate to be chosen by the Presidents before the commencement of the session, and to take a definite motion which shall be proposed and replied to by speakers previously appointed.

3. That a senior and a junior prize be awarded each session, the latter to be exclusively for men of the first and second years, and the former exclusively for men of other years.

4. That at the close of each evening the name of the reader of the next paper and the chairman for the next evening be announced.

5. That the meetings of the Society be held in the weeks alternating with those in which the GAZETTE is published, and that a short abstract of each paper be inserted in the issue of the GAZETTE which immediately precedes the reading of the paper.

6. That the chairman on the occasion of the reading of a paper be responsible for previously arranging for a speaker to open the discussion.

As has been already stated, this report was adopted by the Presidents, and the modifications suggested will come into force next Session. It will be interesting to watch the new departure, the adoption by the Physical of the modes and manners so long in vogue at debating institutions elsewhere, and to observe the success which attends it. So frequently the subject of the papers read before the Society are of such an elaborate, and may we not also say sometimes abstruse, nature that there is little cause for surprise in the "flatness" of the debate. It is the same at all scientific societies from time to time, for, as Sir James Paget puts it, "objections come slowly, at least from the well-informed." Indeed, how can it be otherwise? The publication of an abstract of the paper a week before the meeting seems to meet this difficulty, without necessarily detracting from the interest of the paper itself. It should have the advantage, too, of giving form to some chaotic disquisitions, for in drawing up an intelligible abstract the author will recognise in time the want of outline in his paper, and we hope remedy it. Time will likewise be given for every member to refresh his knowledge and formulate his experience of the questions to be considered, and this should react favourably on the discussion which follows the reading of the paper. But the difficulties of successful debating are by no means solved in the above suggestions. We say nothing of the oratorical genius, who knows no laws, but for the average speaker who has conquered the troubles of the beginner, the complete loss of a vocabulary and entire forgetfulness of what is being discussed, the choking sensation in the throat and vesical irritability, there are other difficulties ahead. He has to steer between the rocks of "manner" and "matter," between what-to-say and how-to-say-it. What an amount of writing and of that very cheap article advice has been wasted over these difficulties, and yet we are rash enough to add to the dust-heap. For it is not always remembered that it is as necessary to *study the art* of speaking as of drawing, or of playing a musical instrument, or of cricketing; and though everyone will admit this necessity in the abstract, yet how rarely do people, apart from those whose vacation requires it, really set themselves seriously to learn it. Of course the "matter" is of primary importance; that is indisputable as regards a good speech. Very well, then, get up the subject carefully, for "reading maketh the full man." But most persons allow their labours to end here, hence the dry disjointed lectures and sermons which bore so terribly because, forsooth, it has been forgotten that what is clear on paper is too often most clouded in speech. There is a style in speaking as in writing, and the former is surely not easier to acquire than the latter. In short, as it is better first to walk than to run, and as it is easier to express one's thoughts in writing than in speech, it follows that the natural method is to write down beforehand, at least in outline, the remarks which are intended to be expressed. It will then be seen whether they are intelligible and succinct, and though the actual phraseology may not be recollected at the time of speaking (in the absence of notes), yet there can be little doubt that the effect of a careful preparation will be visible in the speech, and highly appreciated by the audience. The opportunity for such a

careful preparation will in the future be afforded to every member by the publication of an abstract of the paper, which is contemplated by the Presidents of the Physical Society.

EXAMINATION PAPERS.

MICHAEL HARRIS PRIZE.

1. Describe the ligaments which connect together the axis, atlas and occipital bone.

2. Give the steps of a dissection required to expose the whole course of the occipital artery, mentioning in order the parts met with.

3. Describe the coracoid process of the scapula, the great trochanter of the femur and the upper extremity of the tibia, giving in detail the attachments of ligaments and muscles.

4. Describe in their relative positions the parts seen in a male pelvis after removal of the left innominate bone.

5. Describe the steps of a dissection required to expose fully the anterior surface of the obturator externus muscle, mentioning, in their relative positions, the parts met with.

6. Give the origin, insertion and nerve-supply of the following muscles:—adductor pollicis pedis, tensor palati, superior constrictor, levator ani, complexus.

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1. Describe the ischium.

2. Compare the human femur and humerus, giving in detail the chief points of similarity and difference.

3. Write an account of the longus colli and serratus magnus muscles.

4. Enumerate the structures seen on opening the male abdomen by the usual crucial incision. What is their surface-marking, and how far is their position liable to vary during life?

5. What is the nerve supply to the following muscles:—palato-glossus, rectus capitis anticus major, tensor tympani, flexor accessorius pedis, coccygeus, quadratus femoris?

6. Write an account of the emissary veins.

GOLDING BIRD PRIZE.

1. Describe how you would employ the laryngoscope, and give a full account of the appearances you would expect it to show you, in a case of aneurism of the aorta.

2. Describe the naked eye and microscopical characters of the sputum in (*a*) phthisis, (*b*) bronchiectasis, (*c*) lobar pneumonia, (*d*) gangrene of the lung, (*e*) asthma, and state in each case what method you would adopt to demonstrate the microscopical appearances.

3. Describe the mode of application of what appear to you to be the four most reliable tests for the presence of albumen in the urine. State the fallacies of each, and how you would avoid them.

4. A man breaks the fifth rib on the right side. Describe your method of diagnosing any immediate and common surgical complications that may be present.

5. How would you employ the tuning-fork, eustachian catheter, and ear speculum in determining the cause of deafness of one ear, and what conclusions would you draw from the use of each instrument.

6. There is a swelling below Poupart's ligament, at the base of Scarpa's triangle, obliterating the natural concavity of that part more or less completely. How would you differentiate the causes of this condition?

BEANEY PRIZE.

1. Describe the histological appearances of the various forms of cirrhosis of the liver.

2. What are the degenerative changes which take place in pathological processes, and under what conditions do they occur?

3. What are the conditions which lead to stricture of the urethra? Describe the local changes which occur and the secondary results which may ensue.

4. Discuss the changes which may take place in the brain and meninges, as the result of a head injury.

5. Discuss the causation and mode of formation of bronchiectatic cavities, and the manner in which they may prove fatal.

6. What are the causes of ulceration of the alimentary tract below the pylorus? Indicate the usual sites and the naked-eye appearances of the various ulcerations.

STANDING ORDERS FOR HOUSE-SURGEONS.

1. The House-Surgeons, four in number, are appointed by the Treasurer upon the recommendation of the Medical Committee, and hold office for six months. They are provided with board and lodging in the College.

2. Each House-Surgeon is attached to a Surgeon and the corresponding Assistant Surgeon, whom he shall attend in their visits to the Wards, and in the Operating Theatre. In the absence of the Surgeon or Assistant Surgeon the House-Surgeon is responsible for the cases under their charge.

3. The House-Surgeon shall in the absence of the Surgeon and the Assistant Surgeon decide upon, and be responsible for, the first treatment of all surgical cases admitted under their charge.

4. Dressings and other remedies shall be applied by the Dressers under the direction of the House-Surgeon, except in cases where such application by the Dressers would in his opinion be inconsistent with the responsibility devolved on him by the terms of his appointment. The House-Surgeon shall superintend the conduct of his Dressers, and shall afford them every facility and assistance for obtaining practical information.

5. Upon the appointment of the new Dressers the House-Surgeon shall, under the direction of his Surgeon

and Assistant-Surgeon, allot the cases then in the Wards to the Dressers. All cases subsequently admitted shall be allotted in the manner prescribed in the Standing Orders for Dressers.

6. The House-Surgeon shall be under the direction of his Surgeon and Assistant Surgeon, and shall faithfully carry out their views with reference to the treatment of Patients. In cases of doubt or difficulty, or where operative interference is necessary, he shall apply to his Surgeon or Assistant Surgeon, or to the Assistant Surgeon for the week, or in their absence to any other Assistant Surgeon available. In the event of none of these officers being at hand, and the case of such urgency as to admit of no delay, the House-Surgeon is to perform the necessary operation himself, and on the first opportunity he is to report the particulars thereof to the Surgeon in charge of the case.

7. On admission of patients to the Wards the House-Surgeon shall see that the headings on the Bed Letters are filled in without delay. All instructions with reference to dressing and treatment shall be written upon the Bed Letter.

8. The House-Surgeons shall visit the Wards twice daily. The morning round shall begin not later than 10 a.m., and the evening visit not later than 9 p.m. In the morning the House-Surgeons shall see all cases under their charge, and in the evening such patients as have been admitted during the day as well as all urgent cases. Should two House-Surgeons be in one Ward at the same time, the House-Surgeon for the week shall have the prior claim to the services of the Sister. Should neither be taking in, the one who came into the Ward first shall take precedence.

9. The House-Surgeons shall not, except in cases of emergency, dress patients in the Wards during visiting hours, nor during prayers or meal times.

10. No patient shall be discharged from the Hospital by the House-Surgeon except by direction of the Surgeon or Assistant Surgeon under whose charge he was admitted. In case of breach of discipline the House-Surgeon must consult with his Surgeon or the Medical Superintendent as to the discharge of the patient.

11. The House-Surgeon shall at once visit any case to which he is summoned by a Sister or Nurse. He shall instruct the Sister, when the need arises, to communicate with the friends of patients who are in a critical condition. In the event of a death in his Wards he shall enter the cause of death in the book provided for the purpose by the Registrar General before 10 o'clock on the following morning, and see that due notice is given in the Superintendent's office so that cause of death may be posted on the Post-mortem List.

12. Each House-Surgeon during the week that his Surgeon is "taking in" is the House-Surgeon for the week. The House-Surgeon who has just finished "taking in" is the Ex-House-Surgeon.

13. The House-Surgeon for the week shall not absent himself from the Hospital without the permission of the Medical Superintendent. Should he be compelled to be absent for the purpose of attending in the Law Courts, or for other grave reason approved by the Medical Superintendent, he shall give notice of his intended absence to the Ex-House-Surgeon, who shall be responsible for the due performance of his duties till his return.

14. The House-Surgeon for the week is required between the hours of 9.30 a.m. and 6 p.m. to see the accident and surgical cases brought to the Hospital, which in the opinion of the Assistant House-Surgeon demand admission to the Wards. From 6 p.m. to 9.30 a.m. on week-days and all day on Sundays (unless occupied in the Wards) he shall see all accident and surgical cases arriving at the Hospital, and shall determine whether they shall be admitted, or referred to the Surgical Out-Patient Department. In the latter case he shall see that the Dressers provide the patient with an Accident Letter for the following day. This rule shall not interfere with the direct admission of Patients by the Medical or Surgical Staff, or by the Medical Superintendent.

15. The House-Surgeon for the week is responsible for the general good order of the Dressers' Rooms. In his absence the Assistant House-Surgeon in the Surgery is responsible.

16. The Ex-House-Surgeon shall not leave the Hospital except by the express permission of the Medical Superintendent. Should he be compelled to do so, he shall provide a substitute from among his colleagues in residence, such substitute not being the House-Surgeon for the week.

17. The Ex-House-Surgeon shall assist the House-Surgeon for the week, when required, in the work of the Surgery and Wards, and shall be responsible (unless another substitute has been provided) for the Surgical cases in the Hospital (except those of the House-Surgeon for the week) in the absence from the Hospital of the other House-Surgeons. The Ex-House-Surgeon shall attend daily in the Surgery from 12.30 to 1 o'clock during the absence of the Assistant House-Surgeon for luncheon. He shall attend also at other times when the House-Surgeon for the week is in the Wards. In the case of Patients requiring in his opinion admission to the Wards, he shall summon the House-Surgeon for the week, and should he not arrive within ten minutes of being sent for the Ex-House-Surgeon shall direct the Patient to be sent into the Wards.

18. During the fortnight following his period of duty as Ex-House-Surgeon a House-Surgeon shall be at liberty to absent himself from the Hospital for such time daily as he may desire, provided that he duly attend to his own cases every morning and evening at the regular hours, that he have no case under his care requiring continuous attention, and that he accompany his Surgeon or Assistant-Surgeon in their visits to the Wards and the Operating Theatre. He may ask any other House-Surgeon, or House-Physician who has held the office of House-Surgeon, to act as his substitute during his absence, and shall notify to the Nurse in the Surgery his intention, and the name of his substitute.

If no substitute has been provided, or if he cannot be immediately found, the Ex-House-Surgeon shall be called to any case demanding attention.

19. The House-Surgeons shall give evidence at the Inquests held upon persons brought in dead from accident or surgical disease during their taking-in weeks, and upon patients who die in their Wards.

20. Each House-Surgeon shall be required to enter in the House-Surgeons' Journal an account of any matters of importance relating to his daily work; and this Journal shall be submitted to the Taking-in Committee every Wednesday at 10 o'clock by the House-Surgeon for the past week. He shall also keep in the book provided for the purpose a record of all the cases in which he has administered anæsthetics.

21. The House-Surgeon for the week shall send out the notice of operations on Tuesdays and Fridays.

HOSPITAL ANNUAL REPORTS.

We have received a copy of the annual report of the Evelina Hospital from the present House Surgeon, Mr. E. F. Gardner. The Evelina Hospital has always had a special interest for Guy's men, owing to its nearness and the number of students and members of Guy's Staff which have been connected with it. It was founded, as is well known, in 1869, by Baron Ferdinand de Rothschild, and its first House Surgeon was Dr. Goodhart, who is now one of the Consulting Physicians. There are 60 cots in the Hospital, and these are nearly always occupied. During the past year 603 children were admitted, mostly between the ages of two and twelve years. The out-patient department is very large, numbering nearly 5,600 fresh cases last year; this represents a still larger number of applicants for relief, as they are frequently so numerous that only a certain proportion of the most serious cases can receive attention. There is a special Whooping-Cough Ward, and in this respect the Evelina differs from other Children's Hospitals in London, in which such cases are not received. At the present time there is one Resident Medical Officer, and a Registrar who acts as chloroformist; but we understand that the advisability of appointing a second Resident will shortly be discussed.

From Mr. E. C. Kingsford, Senior House Surgeon of the Bolton Infirmary, we have received the annual report of that Institution. It records a very satisfactory increase in the work, 900 patients having been admitted into the Hospital, while 5,200 received attention in the out-patient department or at their own homes. In the eye department 50 in-patients and 771 out-patients have been under treatment. The accommodation of the Hospital has been increased by the addition of an isolation block containing six beds, which brings the total number of available beds in the Infirmary up to 107. There is one item in the summary of the income of the Institution for the past year which is worthy of note. The contributions of the operatives and working classes through the Hospital Saturday Committee amounted to £1,420 for the past year, showing an increase of £220 over the previous year; and the Committee, in returning thanks, signified their unqualified pleasure in the steady yearly increase of this valuable source of income.

A similar report of the Halifax Infirmary has been forwarded by Mr. C. J. Girling, the Assistant House Surgeon. This Institution was founded in the year 1807, and opened as a Dispensary only. It was not until thirty years later that the foundation of the present Infirmary was laid, and since then by the enlargement of the building and the addition of a Children's Ward, the total number of beds available for the use of in-patients has been raised to 99. During the past year there were 906 patients admitted into the Hospital, and 5,300 treated in the out-patient department. Owing to the over-crowded state of the Infirmary, and the requirements of a dense population, the Governors contemplate the erection of an entirely new Hospital on the most approved style, and it is satisfactory to learn that a large sum of money has already been subscribed for this purpose.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Conditions relating to the use by Fellows and Members of the New Work Rooms at the College.

SUBJECTS OF RESEARCH.

Anatomy, Physiology, and Pathology, human and comparative, including Histology.

Hygiene and Therapeutics in their relation to Surgery.

CONDITIONS OF STUDY IN THE WORK ROOMS.

Appointments will be made by the Council for definite periods.

When application is made for an appointment a prospectus or description of the proposed investigation shall be sent in, with as complete a list as possible of the necessary instruments and apparatus.

No new line of research, other than that originally approved by the Council, shall be undertaken without their previous sanction.

Reports of progress shall be made to the Council at stated periods of investigation.

The place and mode of publication of results of work shall be determined by the Council.

If any assistance be required the Investigator may provide it, but the person or persons proposed must be approved by the Council.

No fixed hours of attendance will be required, but a record must be kept of actual hours of daily work.

The necessary instruments and materials will be provided and expenses of investigation will be defrayed by the College, but no purchase of any additional instruments or apparatus shall be made without the sanction of the Council.

Births.

KIDD—On April 16th, at Bromsgroves, Worcestershire, the wife of Cameron Kidd, M.B., F.R.C.S., of a son.

SYMONDS—On April 11th, at 26, Weymouth Street, Portland Place, W., the wife of Charters Symonds, M.S., F.R.C.S., of a son.

Marriage.

RICHARDS—CLARKE.—On April 16th, at the Parish Church, Richmond, George Oliver Richards, M.R.C.S., L.D.S., elder son of the late John Richards of Exeter, to Ada Catherine, fourth daughter of Thomas Meadows Clarke, of Onslow House, The Green, Richmond, Surrey.

Death.

COVERNTON—On April 18th, at Knighton, Radnorshire, Charles James Covernton, M.R.C.S., L.R.C.P., aged 67.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

A GENTLEMAN, married, who has lately given up large practice, wishes to hear of a partnership, with view to early succession preferred, or practice. Home counties. Good scope essential. Would take sole charge, or travel for few months.—Address, M. M., Medical School Office, Guy's.

A Guy's man offers the following:—In a healthy part of Natal, 3,000 feet above sea level, and suitable for chest cases, an assistancy for three years, at £200 a year out or £150 indoors. At the end of this time, if parties suit each other, a quarter share of a practice of £2,000, *without any premium*. Applicant must be not under 25. Wanted at once.—Negotiate with a member of the staff through Mr. Wells.

A medical man, living within 20 minutes' walk of Guy's (tram fare 1d), has large sitting room and double-bedded room to let to two students. Terms 50s. per week including board. No extras, except washing of personal linen.—Apply to Q, c/o Mr. Wells, the office, Guy's.

DOUBLY QUALIFIED GUY'S MAN, late H. S., æt. 35, married, wants to Purchase (by instalments preferred) practice or partnership of £500—£800, with a good introduction; about an hour or hour and half from London; Kent, Surrey or Sussex preferred. Accustomed to ride and drive; no objection to country work, provided practice is situated within a reasonable distance of fair-sized town.—Apply I. Medical Office, Guy's.

GUY'S student desires post as dispenser and bookkeeper. Moderate distance from Guy's. Hospital trained, but not been out before and would therefore pay 10s. weekly towards board first three months. Neat and obliging. References.—Apply, *re* Pharmakos, to Mr. Wells, Secretary, Medical Office, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

WANTED to Purchase a Partnership in a good-class Practice (London suburb or good provincial town) with income from £500 to £800 per annum, by one who is doubly qualified, and well experienced in general practice.—Address "Omega," Guy's Hospital, S.E.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor*, Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

MAY 17, 1890.

CLINICAL NOTES.

TWO ANEURYSMS OF DESCENDING AORTA.—RUPTURE, DEATH.

T. B., 51, was admitted into Hospital Dec. 16th, 1889.

History.—Labourer, married, two healthy children, no history of syphilis; was quite well until three months ago, when he was suddenly seized with dizziness, pain in back of head, dimness of sight, and vomiting. This lasted a few hours, and next day he felt well enough to go to work, at which he remained till six weeks before admission, when the dizziness compelled him to give up. Deafness in left ear for twelve months.

On Admission.—He complains of dizziness, pain in back of head and dimness of sight, which are aggravated by exertion. Walks slowly, and seems very shaky. Can stand with eyes shut, and feet together, but cannot turn quickly. Reflexes all right.

Lungs.—At left base note impaired, air does not enter well; râles to be heard, also a pleuritic rub. *Right* lung healthy.

Heart, kidneys and liver all normal. *Eyes*, normal.

Ear.—Left, Drum intact; Eustachian tube patent; cannot hear watch or tuning-fork when placed over the meatus, mastoid process or forehead. *Right*, normal.

Treated with Pot. Iod. gr. xv. t. d. s.

Jan. 16th. There is no change in patient's condition. There is nothing to be heard in the chest, but what is noted above, which still remains.

20th. Spat a little blood to-day, complains of a good deal of pain in left side of chest. Deafness has completely gone from the left ear.

Feb. 19th. For the last few days the giddiness has been more pronounced, compelling him to keep to his bed. This evening I had just finished examining him when he commenced to vomit blood, and although numerous hypodermic injections of ergot and brandy were given, he died in about an hour.

Post Mortem.—Heart, kidneys, liver and brain healthy. Pleuritic adhesions at left base.

The descending aorta was atheromatous, and just above the diaphragm was an aneurysm about the size of a bantam's egg, projecting into the left lung. It had ruptured at the upper part into a medium-sized bronchus. The sac was almost filled with clot.

About an inch above this was another aneurysm about ¾in. in diameter.

TUBERCULAR LEFT KIDNEY—ACUTE NEPHRITIS OF HYPERTROPHIED RIGHT KIDNEY.

T. N., 12, admitted on December 12th, 1889.

History.—Illness began a week ago with shivering and pain on left side of abdomen, and swelling of legs. No history of scarlatina. Before this came on had always enjoyed good health.

On admission.—Face, abdominal wall, scrotum and legs very much swollen and œdematous; fluid in both pleuræ and in abdominal cavity, and vomiting. Apex of heart pushed up and in a little; no bruit.

Urine.—Very thick, like syrup; urates, sp. gr. 1032, goes solid on boiling. Under microscope blood and hyaline casts are seen, but no pus cells. Quantity passed per diem about 1 pint. Treated with Liq. ammon. acet ℥xv 3is horis; milk diet.

Pulse 96; temperature 102.6; respiration 24.

20th. Swelling has gone down considerably, and albumen is much less. There is a rounded tumour to be felt over the region of the left kidney.

27th. Swelling has all disappeared from legs and face, and there is very little fluid in abdomen, but as there seemed to be a great deal of fluid in left pleura, causing displacement of heart, I began to aspirate it, and, finding it contained thick pus, I put in a drainage tube.

28th. Feels a little better. Put aspirator into swelling on left side of abdomen and drew off a quantity of thick pus.

30th. Patient is losing flesh rapidly; passes on an average ʒxv of urine a day, containing one-third albumen with casts, and blood.

Patient got gradually worse, and died on January 6th.

Post-Mortem.—Pus in both pleuræ and abdominal cavity. Left kidney very much enlarged, and consists of a capsule with cavities filled with pus; the ureter seemed to be obliterated.

Right kidney very much hypertrophied, and showed acute tubal nephritis.

M. T., 21, a Russian sailor, was admitted on Sept. 8th, suffering from a wound of throat extending between inner edges of sterno-mastoids, just above pomum Adami, cutting across the upper part of the larynx (fracturing the cartilage) into the floor of the mouth. Large vessels and nerves intact. The bleeding was very profuse, causing great difficulty in breathing by blood getting into the air passages. After some time this was controlled, and the outer parts of the wounds sutured, the

centre being left open. About two hours after admission, he suddenly became black in the face, and stopped breathing. I immediately performed tracheotomy (the instruments having previously been got ready), and after some time he began to breath comfortably through the tube; for twelve hours after he was in a collapsed condition, being kept up with hypodermic injections of brandy, and enemata of brandy and beef tea.

9th. Quiet, easy; respiration 30; pulse 108; fed with enema of beef tea, brandy and eggs; these were continued till the 17th, when I began to feed him with a tube passed through nose beyond the wound. Cannula taken out.

On 20th, developed bronchitis, the coughing was very troublesome for about a week.

30th. Able to take liquid food in the ordinary way to-day for the first time, food occasionally gets down the wrong way and causes coughing.

Oct. 15th. Able to take solid food.

Nov. 15th. Wound quite healed up.

20th. Went out to-day quite cured.

HEREDITY.

TREASURER'S PRIZE ESSAY.

Read before the Physical Society, Saturday, Mar. 22, 1890.

Ἔστι δέ τι πόλει ἄμεινον ἢ γυναῖκάς τε καὶ ἄνδρας ὡς ἀρίστους ἐγγίγνεσθαι;

Οὐκ ἔστιν.—PLATO.

Can there be anything better for a state than that the men and women produced within it should be the best possible? There cannot.

The worth of a state, in the long run, is the worth of the individuals composing it.—JOHN STUART MILL.

For man is man and master of his fate.—TENNYSON.

It is frequently said by those whose province it is to instruct the young, that what a man is, depends solely upon himself, and that any measure of success he may achieve is due simply to his own industry and perseverance; or, in a word, "that all babies are born pretty much alike, and that the sole agencies in creating differences between boy and boy, and man and man, are steady application and moral effort." A valuable and wholesome doctrine this may doubtless be, if the moral it is intended to point can be ingrafted thereby, but it includes a fallacy. As F. Galton remarks, "the experiences of the nursery, the school, the university, and of professional careers are a chain of proofs to the contrary."

No intelligent man will deny the vast power of educational and other extrinsic influences in developing and directing the active powers of mind and body, as Horace truly observes—

"Doctrina sed vim promovet *insitam*
Rectique cultus pectora roborant;"

but to imagine these to be the only factors concerned in the production of the individual is an error only equalled by the opposite one of attributing all (or more than all) to hereditary influences. *Poeta nascitur* is an accepted maxim, but it has its limits. Robert Burns had the creative genius, but the culture usually associated with poetry was absent. Living as he did in an age when what is called scholarship gave all who had acquired it the right to look down on poets, whose sole possession was genius, as the illegitimate offspring of nature, "his position had not that solidity which belonged to the scholarly caste, and the result was a perpetual uneasiness which broke out in frequent defiance, thus—

'There's ither poets, much your betters,
Far seen in Greek, deep men o' letters,
Hae thought they had ensur'd their debtors
A' future ages:
Now moths deform in shapless tatters,
Their unknown pages.'

and again in another poem—

'A set of dull, conceited hashes
Confuse their brains in college classes!
They gang in stirks* and come out asses,
Plain truth to speak:
An' syne they think to climb Parnassus
By dint of Greek!'

However, the great majority of poets have been well educated men, and instead of ganging into college like stirks and coming out asses, have as a rule improved their poetic faculty by an acquaintance with the masterpieces of their art."—(P. G. Hamerton, *The Intellectual Life.*) The individual then is the net result produced by the interaction of these two classes of influences, (*a*) those extrinsic constructive forces comprehensively termed "environment," and (*b*) those intrinsic directive agencies, which may often be traced back long before the existence of the individual, as such, at all, included under the term "Heredity." In these days of national education, etc., we pay immense attention to the former; surely, surely it is time that the latter also were advanced to the position of something more than a mere scientific curiosity, a something too vague or vulgar in its nature to merit serious consideration?

Heredity has been recently defined to be "that special property through which the peculiarities of an organism are transmitted to its descendants throughout successive generations, so that the offspring in their main features resemble their parents" (Sir W. Turner). To say that children resemble their parents not only physically and intellectually, but also physiologically and psychologically is a mere commonplace. I shall be content with a very limited number of examples, giving the precedence to those which have come under my own observation. Many years ago I can remember a schoolfellow, who had something remarkable about the inner angles of the eyebrows; nothing in the nature of a deformity, but a rather strongly marked feature I should call it. Recently,

* Stirk, a young ox or heifer.

having escaped from the small but well-armed tribe at Burlington to contemplate the sublime at the Academy, I found myself facing the portrait of an old gentleman exhibiting the characteristic feature. It was quite unnecessary for me to refer to my catalogue to know that the subject of the portrait was a certain eminent Baronet, the father of my schoolfellow.

A fraternity of six brothers with whom I was at school also present some interesting points for remark under this heading. The two eldest, with whom I first became acquainted, were vastly different in appearance, and would certainly never have been taken for brothers. When the third and fourth successively made their *début*, it was a matter of common remark that whilst the third strongly resembled the first, the similarity of the fourth to the second was equally striking. Hearing that the supply was not yet exhausted, I felt much interested to know whether this "alternation of generations" would be maintained, and, sure enough, when the fifth arrived on the scene he was as good an example of the *Perissad* type as one could wish for. When, however, in due course the sixth put in his appearance, instead of conforming to the *Artiad* type, he was as strongly a *Perissad* as the actual odd numbers, thus constituting one of those vexatious exceptions (attributable to "idiosyncrasy" or what not) that are continually cropping up in all departments of biology just when we think we have accumulated sufficient facts to warrant the formulation of general laws. I once came across the father of these boys, and, in fact, recognised him by his resemblance to the *Perissad* type amongst them.

There is a popular saying that it takes three generations to evolve a perfect glass-blower, and I can quite believe it. Cricket again, though it may not yet be a strictly hereditary gift, most certainly runs in families—witness the Lytteltons, the Studds, the Steels, the Graces. Of course, amongst brothers especially, a great deal may be put down to similar surroundings, yet over and above this much can only be accounted for as an inherited faculty. At the public school at which it was my good fortune to be—shall I say educated? and in the house of which I was ever a patriotic member, there occurred a most remarkable dynasty of ten brothers. Of these ten, eight in turn worked themselves up to prominent places in the school XI. The two youngest would undoubtedly have done the same had they not left school unusually young. If we consider the zeal with which, rightly or wrongly, cricket is played in a large public school at the present day, with fashionable matches annually against other rival public schools, we cannot but admit that this family shewed a most remarkable aptitude for the pursuit. The father I believe was a very considerable cricketer in his time. Again in my house were three brothers, each of whom became in turn the best gymnast in the school. It was not in mere muscle or brute force that they excelled, for they did not; but the common characteristic of all was the most extraordinary neatness and grace in vaulting, balances, and other exercises in which finish is everything and the muscle of a prize-fighter would be of little use. These are gifts, as every gymnast knows, not to be acquired by years of dumb-bells or Indian clubs. I am informed that they "derived their athletics from a strong, rawboned father." The idea would seem not altogether improbable.

Mr. Galton gives two striking instances. Speaking of the Olympian games he says, "There is a single instance of a married woman having ventured to be present while the games were going on, although death was the penalty of the attempt. She was found out, but excused because her *father*, *brothers*, and *son* had all been victorious." That she should have exhibited sporting proclivities is I think under the circumstances not wonderful. "Some years ago the Highlanders held a grand gathering in Holland Park where they challenged all England to compete with them in their games of strength. The challenge was accepted, and the well-trained men of the hills were beaten in the footrace by a youth who was stated to be a pure Cockney, the clerk of a London banker."

The same author has, I think, clearly shewn that genius is hereditary, though Dr. Maudsley and others think differently. In his list of thirty-six Senior Classics of Cambridge (omitting those years when two or more men were bracketted top) the name Kennedy occurs no less than *four* times. Facts like these speak for themselves. *A propos* of Senior Classics it might be mentioned that a marriage which was celebrated within the last three years between a former Senior Classic of Cambridge and a lady who had also achieved that distinction was naturally regarded by students of hereditary genius with more than ordinary interest.

Amongst my schoolfellows were four remarkably gifted brothers. In addition to innumerable distinctions at school, the eldest became Scholar and now Fellow of Trinity College, Cambridge, winning a University Scholarship in Law besides many other honours; the second became Scholar of Balliol College, Oxford, achieving the highest honours in the class lists; the third and fourth have also in turn become Scholars of Trinity College, Cambridge, and will doubtless proceed to Fellowships in due course. None of them were addicted to overwork. Their father was formerly Scholar and Fellow of Trinity, Cambridge. He is one of the foremost men of the present day, and but for the extreme breadth of his views would long ago have been promoted to that exalted position which his ability would merit.

Another most remarkable family I have come in contact with, seem to have an irresistible tendency to come to the front whatever they do. Of those that have turned their attention to law, one is Professor of Jurisprudence at Oxford, whilst others have become judges. In matters military, one has achieved the rare distinction of being created a field-marshal, whilst others again are amongst the shining lights of our own profession.

(*To be continued*).

NOTE ON THE STRUCTURE OF MUSCLE-SUBSTANCE.

"According to the observations of Melland, Marshall, Retzius, and others, muscle-fibre is formed essentially of a reticulum, containing within its meshes the main bulk of the fibre, the sarcous substance. The reticulum consists of longitudinal bars running the whole length of the fibre, and corresponding to the muscle-rods of Schäfer. At certain points in the fibre, corresponding to the position of Krause's membranes, that is, in the middle of each light band, these longitudinal bands are interrupted by a transverse network of fibrils, the appearance of alternate bright and dim bands being caused by the optical expression of the nodal points, where the longitudinal and transverse fibrils meet."—(Annual of the Universal Medical Sciences. 1888.)

The similarity between the appearance of such a network and Brücke's diagram, to show the arrangement of the isotropic material in muscle (Quain II., p. 127) is very striking, and it may be seen that this network consists of isotropic material, and the substance contained in the meshes of the net is made up of anisotropous material, and is the so-called interfibrillar substance.

So we may look upon muscle-substance as consisting of a network of isotropic material, containing within its meshes small oblong "blocks" of anisotropous substance all about the same size.

We are told that the lower part or sole of an end-plate is, according to some observers, continuous with the interfibrillar (anisotropous) substance of a muscle-fibre. Now does it not seem a logical conclusion to arrive at if we infer that the nervous impulse is conducted immediately to the principal, that is to say contractile, portion of the muscle substance, in preference to what may be looked upon as the secondary, probably supporting tissue? And if it be so, does not this point to the fact, that the so-called interfibrillar substance may possibly be the real contractile tissue in muscle?

Again, is it not probable that the nuclei found in muscle under the sarcolemma may have some important function in connection with the contractile substance; and as we find the granular protoplasm immediately surrounding these nuclei to be continuous with the interfibrillar substance, that possibly this latter may hold a more important place than that of storehouse of nutriment and general packing, so to speak, for the fibrils?

Foster tells us that myosin, principally at any rate, is located in the dim bands, that is to say where the interfibrillar (anisotropous) material is in greatest quantity, therefore we may consider that myosinogen is peculiar to the anisotropous material, for we have no reason to think that during the change or changes from myosinogen to myosin that the substance alters its position; and myosinogen is supposed to be a substance peculiar to contractile tissue. Therefore, probably at least, the anisotropous material is in direct communication with such important structures as the nerve-ending, the nuclei under the sarcolemma, and contains the peculiarly distinctive substance myosinogen. And if all this be true, does it not seem at least possible, that the anisotropic is the contractile, and the isotropic the supporting substance; that is to say that the muscle-rods be no more looked upon as the chief material in muscle, but as forming a part of a protecting and supporting network containing in its meshes, regular, short columns of the principal and essential substance, the really contractile portion of the muscle-substance?

G. SICHEL.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—I am sending you a subscription towards the new library for the College. On a recent visit to the rooms I found that the *old* photographs of the residents had disappeared from the walls to make room for newer ones. Now that there is more space might I suggest that they be re-instated, as the series only commenced about 1864, and the groups contain likenesses of several of the present members of the staff, and I think the portraits ought to be complete as far as they go, as being of interest to the older pupils of Guy's.—Yours, etc.,

Wantage. J. A. BALL.

SIR,—I find Dr. Pye-Smith in "Fagge's Medicine" says that "The only parts urticaria avoids are the scalp, face, arms, and soles." It may, therefore, be of some slight interest if I report that I have just been attending a man, of about 55 years, in which both the face and one sole were affected. The attack was of the plateau-like form and began on the back, gradually getting well there as it extended to other parts of the body. The face was much affected, almost as much swollen as in a slight case of erysipelas. There was a patch on one sole and palm, causing redness and itching, but little or no swelling. I could find no definite cause for the attack, but the man is a pork eater, and was probably at one time a drinker.—Yours, etc.,

Aldershot. J. H. GIBSON.

DEAR SIR,—As we students have now obtained a fixed suite of Rooms as a Club, I would like to submit a proposal for ornamenting the walls; as this matter has not as yet I believe, been decided on.

It is that in the Reading Room we should have some record kept of all those students past, present or future, who have or will in a special way distinguish themselves in the several examinations (*e.g.*, obtainers of gold medals, honours, etc.).

For this purpose I would suggest that boards, about 6ft. long and 3ft. broad, and with a moulding be provided. One board might be kept specially for one object (*e.g.*, gold medallists). Then, as obtained, the subject with date could be painted up, as well as the name of the successful candidate. To commence, a start could be

made so far back as those who have such information can supply it. The benefit would be encouragement and emulation, besides keeping alive facts now known to only a few.

In the case of the smoking room, shields might be put up headed with the subject and date, and giving the names of those who took part in winning for the Hospital any Challenge Cup. The expense of these latter, I presume, would be borne by the special club interested, whether football, cricket or otherwise.

I think these will be appreciated when seen, especially if made of a dark stained wood, with the college colours painted round in grooves.

"STUDENT."

Dear Sir,—I do not like to "corner" one of the Committee, for I feel that during the last six months they may have been asking, "Is life worth living?" and I cannot find the Suggestion Book; that seems to be the last of the properties of the old Club to come over to its new home; and so, Sir, I must ask you to find space for my remarks in your valuable journal.

I find from experience, and I am well qualified to speak, that the public mind is seized with the idea that the reading room is a cloak room. All day long gentlemen are in and out with sticks, hats, and coats; and, sir, they are those who never use the room for reading.

I could mention half-a-dozen who come regularly, morning and evening, and from 12 to 2 there is always a perfect rush. The room is very quiet for an hour occasionally, and is greatly appreciated by those who like a quiet place for study; but it is already being found out that the room cannot be depended upon.

It may seem premature to complain, but this habit bids fair to become a custom, and it is a very objectionable one.

It would be a much better plan to remove all hat-stands from the room; there are none in the dining room, and it is much more frequented. Gentlemen going up to lunch, seeing the group of hat-stands just inside the reading room door, naturally enter to leave their hats, as there is no other place at hand. I would suggest that the stands be placed on the staircase, opposite the doors of the reading and dining rooms.—Yours,

A DISTRACTED READER.

EXAMINATION PAPERS.

FIRST FELLOWSHIP.

Anatomy.—1. Give an account of the second lumbar vertebra and its mode of development. Describe the ligaments attached to it, and enumerate the structures with which it is in relation. 2. Give the attachments, nervous supply, relations, and actions of the coracobrachialis, adductor pollicis pedis, and obturator internus. 3. Describe the right pleura, and mention, in their respective relations, the parts in contact with it. 4. Describe the nervous supply of the mucous membrane lining the nasal fossæ.

Physiology.—1. What are the changes which fat undergoes in the alimentary canal preparatory to absorption? By what means are these changes brought about? 2. Discuss the origin of the urates and in-organic salts found in the urine. 3. Write a detailed account of the nervous mechanism of respiration. 4. Describe the development of the placenta. What functions are ascribed to it, and on what evidence?

FINAL CONJOINT.

Principles and Practice of Medicine.—1. Indicate the position and anatomical relations of the œsophagus. What are the causes, clinical signs, and treatment of obstruction of this tube? 2. Enumerate the chief causes of acute (general) peritonitis. Describe the symptoms and signs which characterise the attack, and state with what other conditions it may be confounded. How would you treat such a case? 3. What are the symptoms of stone in the kidney? What other affections may it resemble, and on what points would you particularly rely in making a diagnosis? 4. What are the *diagnostic* symptoms of *pharyngeal* diphtheria? How does it tend to destroy life? What measures would you adopt with the object of preventing the dissemination of the disease? 5. Describe the symptoms of rickets, and the changes which it produces in the skeleton. State what treatment you would adopt. 6. Enumerate the various affections that are caused by chronic lead poisoning, and give a short account of those involving the nervous system.

Midwifery and Diseases of Women.—1. Describe the anatomy, (*a*) naked-eye, (*b*) microscopic, of the placental site immediately after delivery. 2. Describe the mechanism of parturition in a breech case (including the passage of the head), the sacrum of the child being directed backwards and to the right. 3. Enumerate the difficulties and dangers of the birth of twins, with their treatment. 4. Give the differential diagnosis of fluctuating swellings rising above the pubes. 5. State fully what measures should be taken to prevent the occurrence of puerperal fever. 6. A married woman who has not menstruated for three months, after noticing for some days increasing difficulty in micturition, finds herself unable to hold her water. She complains of violent pain in the abdomen, which is swollen to a size equal to that of a uterus in the seventh month of pregnancy. The vagina is occupied by a large, soft, irregular swelling, the os and cervix being high up and to the front, on a level with the top of the symphysis pubis. Discuss the case and its treatment.

Surgical Anatomy and the Principles and Practice of Surgery.—1. Describe the attachments and relations of the psoas magnus. Mention the chief points of surgical interest in connection with this muscle. 2. Describe the structures found in one of the middle intercostal spaces, and state in what way the anatomical arrangement has a bearing on the various operations of this

region. 3. In what ways may gangrene be brought about by injury? Give briefly the treatment you would adopt in each case. 4. Give the symptoms and treatment of chronic suppuration of the middle ear. Mention the complications that may arise, with their respective treatment. 5. In what way does an obstructed differ from a strangulated hernia? Give the points of diagnosis between the two forms. 6. What is a ranula? For what affections may it be mistaken? How would you treat it?

OBITUARY.

The following account of the late Dr. J. H. Poland, appeared in the columns of the *Australasian Medical Gazette*:—

"It is with extreme regret that we record the death of James Harry Poland, M.R.C.S. Eng., L.S.A. Lond. 1877, Dipl. Pub. Health R.C.S. Irel. 1889; Dipl. State Med. K.Q.C.P. Irel. 1889, who lost his life on February 28th, 1890, in the wreck of the B.I. Co's R.M.S. "Quetta," which vessel sank in less than three minutes after striking an unknown rock in Torres Straits, about 20 miles from Thursday Island, on her voyage from Brisbane to London. The deceased gentlemen entered Guy's Hospital in October, 1873, after obtaining the third prize in the Entrance Examination. He was also *proxime accessit* in the Third Year's Prize Examination, and was subsequently appointed Demonstrator of Anatomy. In 1878 he came out to Victoria. Soon after his arrival he was appointed Resident Medical Superintendent of the Bendigo Gold District Hospital, at Sandhurst. He afterwards practised at Maryborough (Vic.), and at Balranald (N.S.W.). In 1883 he removed to Rockhampton (Qu.), and two years afterwards he joined the Queensland Immigration Service, in which he continued ever since. It was Dr. Poland's intention that this should be his last trip and to retire from the Immigration service on the "Quetta's" return to the colonies, and then to settle in Sydney permanently. Dr. Poland was a gentleman of a genial disposition, and had abilities of a very high order; he was a fluent writer, and a frequent contributor to our columns. His wife, who was travelling with him, also perished, and both were buried on Aconieth Island; on the top of their grave a board was placed, with the following words written upon it—"Here rests all that was mortal of Dr. Poland and also a passenger of the "Quetta," buried March the 4th, 1890.—R.I.P."

THE COLLEGE LIBRARY.

THIRD LIST OF DONATIONS.

Amount already advertised	£142	18	0
N. Davies-Colley, Esq., M.C.	5	5	0
P. Horrocks, Esq., M.D.	5	5	0
W. H. A. Jacobson, Esq., M.Ch.	1	1	0
W. A. Lane, Esq., M.S.	3	3	0
R. Clement Lucas, Esq., B.S.	5	5	0
E. C. Perry, Esq., M.D.	3	3	0
A. H. Tubby, Esq., B.S.	1	1	0
J. W. Washbourn, Esq., M.D.	2	2	0

THE LIBRARY OF GENERAL LITERATURE.

PRIZE COMPETITION.

With the view of assisting the Committee to whom will soon be entrusted the responsibility of selecting the books for the new library in the College, we propose to offer a prize of Two GUINEAS for competition among our readers and other medical practitioners and students.

The task we set before our competitors is to select THIRTY BOOKS which they think it is most essential that the library should contain.

The arrangements of the competition will be as follows:—

(1) Every competitor must write down clearly the titles of thirty books, with the names of the authors, in what he considers to be their order of importance, and forward the list to the Editors of the GAZETTE, Guy's Hospital, S.E., so as to reach them not later than May 27th.

(2) Each list must contain one or more representatives of the following classes: (1) Philosophy and Science; (2) History and Biography; (3) Fiction; (4) Poetry; (5) Travel and Adventure.

(3) Each list must be fully signed, with the name of each competitor's medical school and his address.

(4) Those thirty books which are most frequently named in the competitors' lists will be considered as the "standard."

(5) The competitor whose list most nearly corresponds to the standard thus made shall receive the prize.

(6) In the event of two or more competitors naming an equal number of the "standard" books, that list which is arranged most nearly in the order of the standard shall be awarded the prize.

It should be remembered that the object of the library is to provide general literature for medical students, and hence all works on medicine and the *most nearly allied sciences* must be excluded.

Passim.

The event of the week was the marriage of Dr. E. C. Perry, which took place on Thursday, May 15th, at St. Paul's Church, Clapham Junction. Among the numerous wedding presents was a handsome silver tea service given by the Staff of the Medical School. The weather was delightfully fine, and at the conclusion of the ceremony the bride and bridegroom left for the Continent. Our readers will join with us in congratulating Dr. and Mrs. Perry, and wishing them a very happy future.

Presentation Day at the London University passed off quite in the usual way: if possible, the crush was worse than before. The Vice-Chancellor announced that three spacious laboratories would soon be added to the premises: and he relieved the anxiety of certain graduates by assuring them that the standard of the medical degree given in London would not be lowered by one whit. It is interesting to note that of the 150 B.A. graduates, 34 were ladies.

In another column will be found a table indicating the results obtained by the various Medical Schools in the final examinations at Burlington. Bartholomew's is a long way ahead in the M.B., Guy's taking third place. However, we come first in the B.S., and second in the M.D.

Mr. Howse and Dr. Hale White have been selected Members of the Annual Committee of Convocation. Mr. Howse has also been appointed Examiner in Surgery at the London University.

We hope there will be a good competition for the "Library" Prize, the details of which are announced in this issue. No doubt there will be much difference of opinion, for general literature is a rather wide subject. However, the more the merrier, in the matter of competitors.

A book has been recently presented to the Medical Library by Sir Thomas Longmore, of Woolstone, Hants, which is of very great historical interest, as it is Sir Astley Cooper's own copy of his "Manual on Surgery". This volume contains abstracts of his lectures on surgery, edited by Thomas Castle, and was used by Sir Astley as a sort of note-book; hence there are several marginal annotations in his own handwriting. The book was given to the donor by Sir Astley's nephew, Bransby Cooper, nearly 50 years ago.

A revised synopsis of the chemical examination of the conjoint board has been issued, but will not come into force for another year. It contains several important alterations, and indicates the substances and subjects to be "got up" much more definitely than before.

STANDING ORDERS FOR HOUSE-PHYSICIANS.

1. The House-Physicians, four in number, are appointed by the Treasurer upon the recommendation of the Medical Committee, and hold office for six months. They are provided with board and lodging in the College.

2. Each House-Physician is attached to a Physician and the corresponding Assistant Physician, whom he shall attend in their visits to the General Wards. In the absence of the Physician or Assistant Physician the House-Physician is responsible for the cases under their charge. Each House-Physician shall act as the House-Physician in Clinical Ward during one half of his last three months of office.

3. The House-Physicians shall only prescribe in the absence of the Physician for such temporary conditions as may require relief. In new cases of urgency, or in cases in which dangerous symptoms have unexpectedly appeared, they shall consult the Assistant Physicians.

4. The House-Physician shall have control over the examination of Patients by Ward Clerks, but shall afford them every possible facility and assistance for obtaining practical information.

5. The House-Physician shall be under the direction of his Physician and Assistant Physician, and shall faithfully carry out their directions with reference to their treatment of Patients. In cases of doubt or difficulty he shall apply to his Physician or Assistant Physician, or in their absence to any other Assistant Physician available. In such cases, and where operative interference is necessary, in the event of none of these officers being at hand, and the case of such urgency as to admit of no delay, he shall call in the corresponding Assistant Surgeon, or in his absence the Assistant Surgeon for the week, or in

their absence any other Assistant Surgeon available. In the event of none of the Assistant Surgeons being available, he shall then call in his corresponding House-Surgeon, or in his absence the House-Surgeon for the week, to perform the necessary operation.

6. On the admission of Patients to the Wards the House-Physician shall see that the name and age of the Patient, and the number of the Bed are written upon the Bed Letter without delay. All instructions with reference to diet and treatment shall be written upon the Bed Letter.

7. The House-Physicians shall visit the Wards twice daily. The morning round shall begin not later than 10 a.m., and the evening visit not later than 9 p.m. In the morning the House-Physicians shall see all cases under their charge, and in the evening such Patients as have been admitted during the day as well as all urgent cases. Should two House-Physicians be in one Ward at the same time, the House-Physician for the week shall have the prior claim to the services of the Sister. Should neither be taking in, the one who came into the Ward first shall take precedence.

8. The House-Physicians shall not, except in cases of emergency, examine Patients in the Wards during visiting hours, nor during prayers or meal times.

9. No Patient shall be discharged from the Hospital by the House-Physician except by direction of the Physician or Assistant Physician under whose charge he was admitted. In case of breach of discipline the House-Physician must consult with his Physician or the Medical Superintendent as to the discharge of the Patient.

10. The House-Physician shall at once visit any case to which he is summoned by a Sister or Nurse. He shall instruct the Sister, when the need arises, to communicate with the friends of Patients who are in a critical condition. In the event of a death in his Wards he shall enter the cause of death in a book provided for the purpose by the Registrar General before 10 o'clock on the following morning, and see that due notice is given in the Superintendent's office so that the cause of death may be posted on the Post-mortem List.

11. Each House-Physician during the week that his Physician is "taking in" is the House-Physician for the week. The House-Physician who has just finished "taking in" is the Ex-House-Physician.

12. The House-Physician for the week shall not absent himself from the Hospital without the permission of the Medical Superintendent. Should he be compelled to be absent for the purpose of attending in the Law Courts, or for other grave reason approved by the Medical Superintendent, he shall give notice of his intended absence to the Ex-House-Physician, who shall be responsible for the due performance of his duties till his return.

13. The House-Physician for the week is required between the hours of 9.30 a.m. and 6 p.m. to see the medical cases brought to the Hospital which in the opinion of the Assistant House-Surgeon demand admission to the Wards. From 6 p.m. to 9.30 a.m. on week-days and all day on Sundays (unless occupied in the Wards) he shall see all medical cases arriving at the Hospital, and shall determine whether they shall be admitted, or referred to the Out-Patient Department. This rule shall not interfere with the direct admission of Patients by the Medical or Surgical Staff, or by the Medical Superintendent.

14. The Ex-House-Physician shall not leave the Hospital except by the express permission of the Medical Superintendent. Should he be compelled to do so, he shall provide a substitute from among his colleagues in residence, such substitute not being the House-Physician for the week.

15. The Ex-House-Physician shall assist the House-Physician for the week, when required, in the work of the Surgery and Wards, and shall be responsible (unless another substitute has been provided) for the Medical cases in the Hospital (except those of the House-Physician for the week) in the absence from the Hospital of the other House-Physicians. The Ex-House-Physician shall attend daily in the Surgery from 12.30 to 1 o'clock in reference to Medical cases during the absence of the Assistant House-Surgeon for luncheon. He shall attend also at other times when the House-Physician for the week is in the Wards. In the case of Patients requiring in his opinion admission to the Wards, he shall summon the House-Physician for the week, and, should he not arrive within 10 minutes of being sent for, the Ex-House-Physician shall direct the Patient to be sent into the Wards.

16. During the fortnight following his period of duty as Ex-House-Physician a House-Physician shall be at liberty to absent himself from the Hospital for such time daily as he may desire, provided that he duly attend to his own cases every morning and evening at the regular hours, that he have no case under his care requiring continuous attention, and that he accompany his Physician or Assistant Physician in their visits to the Wards. He may ask any other House-Physician, or any House-Surgeon who has held the office of House-Physician, to act as his substitute during his absence, and shall notify to the Sisters of his Wards his intention, and the name of his substitute. If no substitute has been provided, or if he cannot be immediately found, the Ex-House-Physician shall be called to any case demanding attention.

17. The House-Physicians shall give evidence at the Inquests held upon persons brought in dead from medical disease during their taking-in weeks, and upon patients who die in their Wards.

18. Each House-Physician shall be required to enter in the House-Physicians' Journal an account of any matters of importance relating to his daily work; and this journal shall be submitted to the Taking-in Committee every Wednesday at 10 o'clock by the House-Physician for the past week. He shall also keep in the book provided for the purpose a record of all the cases in which he has administered anæsthetics.

LECTURE CALENDAR.

MONDAY.

Dr. Savage	9.30	Insanity	Anatomical Theatre
Mr. Symonds	9.30	Operative Surgery	Surgical Class Room
Mr. Groves	10 to 1	Practical Chemistry	Chemical Laboratory
Mr. Lane	10.0	Morbid Histology	Long Room
Mr. Starling	10.0	Physiology Int. M.B. Class	Physiological Laboratory
Mr. Targett	11.0	Extra Anatomical Classes	Dissecting Room Theatre
Mr. Turner	11.30	Hygiene	Chemical Theatre
Dr. Washbourn	12.0	Anatomy (2nd Conjoint Class)	Dissecting Room Theatre
Dr. Hale White	2.0	Materia Medica	Anatomical Theatre
Mr. Tubby	2.0	Physiology Class	Physiological Laboratory
Mr. Groves	2.0	Chemical Class for Pre. Sci. Exam.	Surgical Class Room
Mr. Reinold	2.30	Physics (1st Year's Men)	Chemical Theatre
Mr. Collier	3.0	Pharmacy Class	Dispensary
Mr. Lane	4.0	Class for Final Conjoint Examination	Surgical Class Room

TUESDAY.

Dr. Galabin	9.0	Midwifery	Anatomical Theatre
Dr. Washbourn	9.30	Osteology Class	Dissecting Room Theatre
Mr. Groves	10.30	Chemistry	Chemical Theatre
Mr. Starling	11.0	Physiology Int. M.B. Class	Lower Phys. Laboratory
Mr. Dunn	11.0	Anatomy Int. M.B. Class	Dissecting Room Theatre
Mr. Dunn	12.0	Anatomy (2nd Conjoint Class)	Dissecting Room
Mr. Beddard	12.45	Biology	Anatomical Theatre
,,	1.45	Biology Practical Class	Long Room
Dr. Hale White	2 0	Therapeutics	Anatomical Theatre
Mr. Collier	3.0	Pharmacy Class	Dispensary
Mr. Lane	4.0	Practical Surgery	Surgical Class Room
Mr. Richards	4.0	Dental Mechanics	Dental Lecture Room
Mr. Symonds	4.0	Operative Surgery (Conjoint Class)	

WEDNESDAY.

Dr. Galabin	9.0	Midwifery	Anatomical Theatre
Mr. Groves	10 to 1	Practical Chemistry	Chemical Laboratory
Dr. Washbourn	11.0	Anatomy (2nd Conjoint Class)	Dissecting Room
Mr. Dunn	12.0	,, ,,	,, ,,
Dr. Hale White	1.30	Clinical Medicine	Anatomical Theatre
Mr. Tubby	2.0	Physiology Class	Physiological Laboratory
Mr. Groves	2.0	Chemistry Int. M.B. Class	Chemical Theatre
Mr. Collier	3.0	Pharmacy Class	Dispensary
Mr. Reinold	3.0	Physics (Pre. Sci. Class)	Surgical Class Room
Mr. Lane	4.0	Class for Final Conjoint	,, ,, ,,

THURSDAY.

Dr. Galabin	9.0	Midwifery	Anatomical Theatre
Mr. Targett	9.30	Osteology Class	Dissecting Room Theatre
Mr. Lane	10.0	Morbid Histology	Long Room
Mr. Starling	10.0	Physiology Int. M.B. Class	Physiological Laboratory
Mr. Groves	10.30	Chemistry	Chemical Theatre
Mr. Targett	10.0	Anatomy (2nd Conjoint Class)	Dissecting Room
Dr. Washbourn	11.0	,, ,,	,, ,,
Dr. Goodall	12.0	Practical Medecine	Surgical Class Room
Mr. Dunn	12.0	Anatomy (2nd Conjoint Class)	Dissecting Room Theatre
Mr. Beddard	12.45	Biology	Anatomical Theatre
,,	1.45	Practical Biology	Long Room
Dr. Hale White	2.0	Materia Medica	Anatomical Theatre
Mr. Tubby	2.0	Physiology Class	Physiological Laboratory
Mr. Collier	3.0	Pharmacy Class	Dispensary
Mr. Symonds	4.0	Operative Surgery (Conjoint Class)	Surgical Class Room

FRIDAY.

Dr. Galabin	9.0	Midwifery	Anatomical Theatre
Mr. Groves	10 to 1	Practical Chemistry	Chemical Laboratory
Mr. Targett	10.0	Anatomy (2nd Conjoint Class)	Dissecting Room Theatre
Mr. Dunn	11.0	,, (Int. M.B. Class)	,, ,, ,,
Dr. Horrocks	10.15	Practical Obstetrics	Long Room
Dr. Savage	10.30	Insanity	Anatomical Theatre
Mr. Turner	11.30	Hygiene	Chemical Theatre
Mr. Dunn	12.0	Anatomy (2nd Conjoint Class)	Dissecting Room
Mr. Beddard	1.30	Biology Practical Class	Long Room
Mr. Golding-Bird	1.30	Clinical Surgery	Anatomical Theatre
Mr. Tubby	2.0	Physiology Class	Physiological Laboratory
Mr. Collier	3.0	Pharmacy Class	Dispensary
Mr. Lane	4.0	Class for Final Conjoint Examination	Surgical Class Room
Mr. Mansbridge	4.0	Dental Microscopy	Middle Room

SATURDAY.

Dr. Goodhart	9.0	Pathology	Anatomical Theatre
Mr. Starling	10.0	Physiology Class M.B. (Honours)	Physiological Laboratory
Mr. Collier	10.0	Pharmacy Class	Dispensary
Mr. Groves	10.30	Chemistry	Chemical Theatre
Mr. Targett	10.0	Extra Anatomical Classes	Dissecting Room Theatre
Dr. Washbourn	11.0	Anatomy (2nd Conjoint Class)	,, ,, ,,
Mr. Reinold	11.40	Physics	Surgical Class Room

Hospital News.

INTERESTING CASES.

There are in the General Medical Wards several cases interesting from an ophthalmological as well as from a medical point of view. There are as follows:

PHILIP	6	Albuminuric retinitis.
	8	Choroiditis; optic neuritis.
	37	Optic neuritis going on to atrophy.
STEPHEN	3	Retinitis pigmentosa.
	17	Retinal hæmorrhages and retinitis.
	24	Retinal hæmorrhages.
	27	Optic atrophy.
	28	Albuminuric retinitis, with optic neuritis.
MARY	5	Choroiditis; retinal hæmorrhages.
	14	Optic atrophy.
	27	Optic neuritis.

LONDON UNIVERSITY.

M.B. EXAMINATION.

Hospital	Passes	Honours in Obstetric	Honours in Medicine	Honours in Forensic	Medals	Scholarships
Barts.	12	4	6	4	3	2
Bristol	2	1	—	—	—	—
Charing Cross	1	—	1	—	—	—
Guy's	10	2	2	2	1	—
King's	2	—	—	—	—	—
London	5	1	1	—	—	—
London School of Women	2	—	—	1	—	—
Middlesex	1	—	—	—	—	—
Owen's	10	1	3	5	1	—
Queen's College, Birmingham	1	—	1	1	—	—
St. Mary's	1	—	—	—	—	—
St. Thomas'	5	—	—	—	—	—
University	12	—	1	—	—	—

B.S. EXAMINATION.

Hospital	Passes	Honours in Surgery	Medals	Scholarships
Barts.	1	1	1	1
Guy's	4	2	1	—
London	1	—	—	—
University	2	1	—	—
Yorkshire College	1	1	—	—

M.D. EXAMINATION.

Hospital.	Passes.	Medals.
Barts.	4	—
Guy's	5	—
Liverpool	1	—
London	3	—
Manchester	1	—
Owen's	1	—
St. Mary's	3	—
St. Thomas'	2	—
University	9	1

M.S. EXAMINATION.

Hospital.	Passes.	Medals.
Guy's	1	—
University	1	—

STATE MEDICINE.

Hospital.	Passes.	Medals.
Birmingham	1	—
Guy's	1	—
King's	1	—

LIST OF BOOKS ADDED TO LIBRARY.

The following Books have been added to the Library during the Winter Session:—

Purchased by the Hospital.

Bland Sutton on Ligaments.
Klein's Elements of Histology, latest edition.
Wilson's Hygiene, do.
Parkes' Hygiene, do.
Kirkes's Physiology, do.
Landois and Stirling's Physiology, do.
Green's Pathology, do.
Foster's Physiology, parts I. & II. do.
Tuke's Influence of Mind on Body.
Ladd's Physiological Psychology.
Schultze's Displacements of the Uterus.
Collie on Fevers.
McKendrick's Physiology, 2 vols.
Jacobson's Operations of Surgery.
Macalister's Anatomy.
Marshall and Hurst's Zoology, latest edition.
Tomes's Dental Anatomy, do.
Tomes's Dental Surgery, do.
Hamilton's Fractures and Dislocations.
Haddon's Embryology.
Lewis's Mental Diseases.
Gattstein's Diseases of the Throat, Mouth and Nose.
Thomes's Botany.
Walsham's Surgery.
Strasburger's Botany.

Presentations—By the Authors.

Bryant's Bradshaw Lecture on Colotomy.
Dalby's Short Contributions to Aural Surgery.
Higgens' Ophthalmic Practice.
Hale White's General Therapeutics.
Jenning's Cancer and its Complications.
Mayo on the Pathology and Treatment of Diphtheria.
Lee's The Precedent Cause of Rickets.
Piesse's Olfactics of the Physical Senses.
Silk's Nitrous Oxide Anæsthetics.
Taylor's Practice of Medicine.
Thorne Thorne's Progress of Preventive Medicine.

By Dr. Stevenson.

Berzelius' Analysis of Inorganic Bodies. Translated by G. O. Rees, 1833.
Husband's Forensic Medicine.
Barf's Introduction to Scientific Chemistry.
Murrell's What to do in Cases of Poisoning.

Wanklyn's Water Analysis.
Corfield's Treatment and Utilization of Sewage.
Fresenius' Qualitative Analysis.
Fownes' Chemistry.
Johnson's Essay on Asphyxia.
Viertheiljahrsschrift für gerichtliche Medicin, vols. 1873 to 1889.
Annales d'Hygiene Publique, 1874 to 1885.
Fredrich's Blatter für gerichtliche Medicin, 1883 to 1889.
Berkeley Hill's Chronic Urethritis, 1890.
By Dr. Wilks.
Wilks and Moxon's Pathological Anatomy.
By Dr. A. Bowie.
Willis's Translation of Harvey's Circulation of the Blood. Revised by Dr. A. Bowie, 1889.
By Mrs. Bianchi.
Maclise's Surgical Anatomy.
Quain's Dictionary of Medicine.
Hill and Cooper's Syphilis.
Watson's Lectures on Physics.
Squire's Companion to the British Pharmacopœia.
Erichsen's Surgery.
Brande's Manuals of Chemistry.
Aitken's Medicine.
Carpenter's Physiology.
,, Microscope.
Startin's Syphilitic Eruptions of the Skin.
By the Secretary to the Admiralty.
Report of the Health of the Royal Navy for 1888.

Sport.

CRICKET.

GUY'S HOSPITAL v. BECKENHAM.

This Match was played at Beckenham, Saturday, May 3rd, in beautiful weather, and resulted in a victory for Beckenham by 65 runs. Score:—

BECKENHAM.		GUY'S.	
L. Wilson, c Lucas, b Reid	64	E. Reid, b Robertson	20
E. Crosskey, b J. H. Bettington	0	W. G. Mitchell, c Northcote, b Robertson	16
W. Marshall, b J. B. Bettington	1	C. R. Lucas, c Palmer, b Wilson	20
D. Barry, b Lucas	16	J. H. Busteed, l b w, b Robertson	1
J. Robertson, b Mitchell	6	J. H. Bettington, b Barry	6
P. Northcote, b Reid	58	J. B. Bettington, c Friend b Wilson	10
G. J. Gulliver, not out	11	S. G. Layman, c and b Wilson	0
F. Christie, run out	1	J. Lang, c Northcote, b Palmer	0
W. B. Friend, b Reid	0	H. Hewetson, not out	17
G. H. Clarke, b Reid	4	E. S. Tuck, b Barry	16
L. H. Palmer, l b w, b Reid	0	H. Cooper, c & b Wilson	0
Extras	19	Extras	9
Total	180	Total	115

GUY'S.—SECOND INNINGS.

E. Reid, not out	27
J. H. Bettington, b Marshall	20

GUY'S HOSPITAL v. KENSINGTON PARK.

This Match was played at Wormwood Scrubbs, on Saturday, May 10th, and ended in a victory for Kensington Park by 65 runs. Score:—

GUY'S.		KENSINGTON PARK.	
C. H. Fagge, b Fullerton	0	W. F. Thompson, b J. B. Bettington	53
E. Reid, c Reynolds, b Fullerton	16	S. H. Lee, b J. H. Bettington	25
H. Hewetson, b Reynolds	12	H. Reynolds, b J. H. Bettington	5
J. H. Bettington, run out	17	W. G. Raphael, b Reid	16
J. B. Bettington, c and b Abney	4	G. H. Street, b J. H. Bettington	2
C. R. Lucas, c Thompson, b Abney	2	R. H. Fox, b J. H. Bettington	0
S. G. Layman, c and b Street	18	R. E. Roe, c Lucas, b Moore	16
C. E. Hibbard, c Roe, b Street	9	A. G. Fullerton, b Reid	0
J. J. Biggs, c Roe, b Street	4	L. E. Abney, b Reid	2
R. H. Fagge, c Lee, b Street	0	H. L. Byas, c Lucas, b Reid	3
J. Moore, not out	0	J. R. Craddock, not out	10
Extras	14	Extras	29
Total	96	Total	161

GUY'S.—SECOND INNINGS.

C. R. Lucas, c Lee, b Street	32	H. Hewetson, st Lee, b Street	3
C. E. Hibbard, b Abney	4	R. Fagge, not out	2
J. Moore, b Fullerton	5	J. B. Bettington, E. Reid, S. G. Layman, did not bat	
C. Fagge, b Fullerton	0	Extras	4
J. J. Biggs, st Lee, b Street	11	Total	78
J. H. Bettington, not out	16		

A meeting of the United Hospitals Cricket Association, was summoned on Friday, May 9th, at 8.30, Mr. Colclough (Guy's) was voted to the Chair. Mr. Harper first proceeded to read the minutes of the last meeting, which were duly approved and signed. A letter was then read from Mr. Standring the Treasurer, tendering his resignation, which was accepted. The Secretary (Mr. Harper) also tendered his resignation, and Mr. Colclough (Guy's) was elected Treasurer, and Mr. Storrar (Thomas's) Secretary *pro tem.* Owing to the pecuniary difficulty in which the club seemed involved, Mr. Scott proposed that a meeting be held in two weeks, to give the Treasurer time to put some of the details before the Committee. This was carried. It was pointed out that Mary's and King's owed £5 5s., and £2, respectively; Mr. Layman therefore proposed that the Secretary should send a letter to Mary's and King's requesting them to pay last year's subscription under penalty of disqualification from Cup Ties. Mr. Storrar seconded this, which was carried unanimously. A vote of thanks to the Chairman terminated the proceedings.

S. G. LAYMAN, *Hon. Sec.*

UNITED HOSPITAL MATCHES.

Bickley Park, Friday, May 16th, Capt. Mr. Reid (Guy's).

Beckenham, Monday, May 26th, Capt. Mr. Northcote (Thomas's).

Richmond, Thursday, May 29th, Capt. Mr. Job (University).

INTER-HOSPITAL CUP TIES.

FIRST ROUND.

1st Tie	University	*v* Middlesex,	Tuesday,	May	20th
2nd "	Kings's	*v* Westminster,	Thursday	"	22nd
3rd "	St. George's	*v* Guy's,	Friday	"	23rd
4th "	London	*v* St. Bart's,	Tuesday	"	27th
5th "	St. Thomas's	*v* Charing Cross,	Friday	"	30th

St. Mary's (a bye).

SECOND ROUND.

A.	Winner of 1st Tie	*v* Winner of 2nd Tie,	M.,	June	2nd
B.	" 3rd "	*v* " 4th "	F.	"	6th
C.	" 5th "	*v* St. Mary's (bye)	M.	"	9th

THIRD ROUND.

M. Winner of Match A. *v* Winner of Match C., Friday,
N. " " B. (a bye). [June 13th.

FINAL.

Winner of M. *v* Winner of N., Monday and Tuesday, June 23rd and 24th.

GUY'S HOSPITAL ATHLETIC CLUB.

It has been decided to hold the annual sports this year at Balham on the S. L. H. ground on May 29th, commencing punctually at 2.30 p.m. This rather early date is compulsory in order to avoid clashing with the various examinations, and will also give the men selected to represent Guy's at the United Hospital Sports an opportunity of training into good form, an opportunity which they sadly needed last year, and which it is hoped they will grasp this

Several innovations are to be introduced this year, viz., a half-mile invitation handicap, which promises to bring together some of the best runners in the London sporting world; a long jump, which was omitted last year; a tug-of-war between 4 teams, consisting of 4 men, each to be chosen respectively from senior students by F. J. Nesbit, from 3rd and 4th year's men by A. Allport, from 2nd year's men by E. S. Tuck, and from 1st year's men by H. Hewitson; the 600 yards, G.H.A.C., will this year be reserved for senior students ('crocks') only.

Dr. Brailey has kindly consented to act as one of the judges, and it hoped that Mr. Higgens will act as the other. The Committee also hope that Mrs. Symonds will present the prizes to the fortunate winners.

After the sports the Guy's Athletic Team will be selected, photographed, and, it is hoped, go into hard training.

Mr. Clement Lucas is still chairman, and the Committee consists of Messrs. H. J. Holman, H. V. Hickman, P. Purnell, G. Allport, J. H. Bryant, W. Bligh, C. E. Salter, A. W. Sheen, J. J. Biggs, A. L. Roper, H. Hewitson, and L. E. James *(ex officio)*.

G. SICHEL, *Hon. Sec.*

APPOINTMENT.

RISDON, W. N., M.D., B.S. Lond., has been appointed Junior Medical Officer to the Sun Life Insurance Office.

Marriage.

BEAN—STONE.—On April 10th, at Glenfield, Leicestershire, by the Rector, the Rev. J. N. Bennie, D.D. assisted by the Rev. S. W. Tidswell, M.A., and the Rev. L. Addison, Charles Edward Bean, M.R.C.S., L.R.C.P., of Plymouth, to Ada Julia, eldest daughter of Samuel Francis Stone, Esq., Kirby Frith Hall, Leicestershire.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. WELLS MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

A GENTLEMAN, married, who has lately given up large practice, wishes to hear of a partnership, with view to early succession preferred, or practice. Home counties. Good scope essential. Would take sole charge, or travel for few months.—Address, M. M., Medical School Office, Guy's.

A medical man, living within 20 minutes' walk of Guy's (tram fare 1d), has large sitting room and double-bedded room to let to two students. Terms 50s. per week including board. No extras, except washing of personal linen.—Apply to Q, c/o Mr. Wells, the office, Guy's.

DOUBLY QUALIFIED GUY'S MAN, late H. S., æt. 35, married, wants to Purchase (by instalments preferred) practice or partnership of £500—£800, with a good introduction; about an hour or hour and half from London; Kent, Surrey or Sussex preferred. Accustomed to ride and drive; no objection to country work, provided practice is situated within a reasonable distance of fair-sized town.—Apply I. Medical Office, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

PHOTOGRAPHY.—Amateur's negatives retouched and printed. All kinds of medical subjects undertaken. Prices—

Retouching ... 1/- a head.
Printing ... 2/- per doz. unmounted, quarter-plates.
4/- " " half "
6/- " " whole "

2/6, 5/- and 7/6 respectively when mounted. *Terms cash.* Estimates given for retouching groups. Return carriage paid, and senders take all risk.—L. GREEN, Maxwell House, Kelvin Grove, Upper Sydenham, S.E.

PRACTICE for disposal in New Zealand. Income between £600 and £700 per annum. At present held by an old Guy's man. Full particulars as to fees and locality may be obtained on application to Mr. Wells, Medical Office, Guy's.

WANTED by a trebly qualified Guy's man, aged 27, a small country practice or partnership. Four years' experience in general practice.—Apply B. H., care of C. H. WELLS, Esq., Medical School, Guy's Hospital, S.E.

WANTED to Purchase a Partnership in a good-class Practice (London suburb or good provincial town) with income from £500 to £800 per annum, by one who is doubly qualified, and well experienced in general practice.—Address "Omega," Guy's Hospital, S.E.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

MAY 31, 1890.

GASTRIC ULCER BECOMING CANCEROUS.

History.—A woman, aged 65, was admitted for pain after food, with vomiting and general weakness. She had been a nurse for 21 years, and a "martyr to indigestion" most of her life. She often suffered from bilious attacks with vomiting. Her present illness began nine months ago with a sinking sensation, and pain in epigastrium after food. These symptoms gradually became worse, and two months ago vomiting came on, which gave relief. The vomit resembled coffee-grounds. There was also progressive wasting and exhaustion.

On Admission the symptoms were chiefly those of a pyloric obstruction with dilated stomach. A small tumour could be felt on deep pressure to the right of the umbilicus, and this slowly enlarged while under observation. There was constant vomiting after food, and the patient gradually sank.

Autopsy.—There was thickening and stenosis of the pyloric extremity of the stomach, so that the orifice would only admit a quill pen. The thickening commenced at the pylorus and extended for 1½ inches to the left. In the centre of this thickened area was a deep narrow ulcer having a bevelled "chronic" edge. The surrounding mucous membrane was thickened and white, and the muscular coat was much hypertrophied. There were nodules of growth along the lesser curvature in the subserous tissue, and the glands about the common bile duct and in the mesentery showed secondary deposits; other viscera normal.

Microscopical examination of the base of the ulcer showed much fibrous tissue mixed with the muscular coat, and embedded in it were lines and groups of small spherical epithelial cells. The edge showed the mucous membrane raised by growth in the submucous tissue, and there were small alveoli of epithelial cells situated among the gastric tubules just above the *muscularis mucosæ*. The affected glands showed scirrhus carcinoma.

Remarks.—The naked eye appearances of this specimen suggested that it was a chronic gastric ulcer which had become secondarily malignant. Its well defined outline, its hard edge, and its smooth clean base were quite unlike the characters of an ordinary ulcerating cancer of the stomach; and the conclusion was further supported by the immense amount of fibrous tissue, as compared with epithelial cells, which was found in the microscopical sections of the base of the ulcer.

In his text-book on medicine, Dr. Fagge discusses it as "an interesting question whether cancer ever develops itself secondarily in the floor or edge of a simple ulcer of the stomach"; and he concludes that "the occurrence is probably more frequent than would appear from the absence of direct observations of it, since the extensive development of cancer would doubtless obliterate all traces of the previous ulcer". In Wilks' and Moxon's Pathology there is no mention of it, but Strümpell goes so far as to say that "a relatively large number of cases have been observed where cancer had developed on the floor of an old(and usually cicatrized) ulcer."

A case very similar to the above is recorded by Dr. Goodhart in the last volume of the Transactions of the Pathological Society, in which the opinion is expressed "that malignant disease of the stomach not uncommonly originates in chronic ulcers."

A CASE OF INTACT HYMEN AND PREGNANCY.

Dr. Horrocks has very kindly allowed me to give the following details of a case, which recently came to Obstetric Out-patients.

Patient, a very hysterical woman, aged 32, complains that she "Feels as if she had a touch of the courses coming on," but has no show; she also states that there has been a lump in her left side, for the last three months, which "flows" on her moving about, accompanied by a "shooting pinching" pain.

Menstrual History.—Commenced at twelve; regular every fortnight; plentiful. *Duration* a week. *Aura*, 2–3 days; pains in back; lately periods have been much less and extremely variable in time, and patient says that her last proper period was in September, 1889.

Married two years, husband living; no pregnancies; no miscarriages. Patient does not think she is pregnant now, but admits that her breasts have been getting larger and she herself is stouter; and also has occasional vomiting.

On Examination.—Breasts full, firm, visible veins, and areolæ pink; milk in breasts.

Abdominal tumour two inches above the umbilicus. Fœtal movements felt, and heart heard to right of median line.

V. E.—Hymen intact, orifice small and edges thin. On enquiry patient says that she has always suffered from dyspareunia. The examination was too painful to permit of the cervix being felt.

FRANK COLCLOUGH.

HEREDITY.

TREASURER'S PRIZE ESSAY.

Read before the Physical Society, Saturday, Mar. 22, 1890.

(Continued.)

That certain sentiments and passions are hereditarily transmitted few will doubt, for they depend on certain modes of receiving external sensations, and, according to Bain, all have their foundation in our own self-love and the gratification of desire; thus a passion for gambling, avarice, theft, and even murder is frequently found to run in a family for several generations.

It will be sufficient to quote an extraordinary example of a family tendency to crime recorded by a French writer. Jean Chrétien, the common ancestor, had three sons—Pierre, Thomas, Jean-Baptiste.

1. Pierre had a son, Jean-François, sentenced to hard labour for life for robbery and murder.
2. Thomas had two sons—
   (*a*) François, condemned to hard labour for murder.
   (*b*) Martin, condemned to death for murder.
   Martin's son died in Cayenne, whither he had been transported for robbery.
3. Jean-Baptiste had a son, Jean-François, whose wife belonged to a family of incendiaries. This unhappy union produced seven children—
   (*a*) Jean-François, found guilty of several robberies; died in prison.
   (*b*) Benoist, fell off a roof which he had scaled and was killed.
   (*c*) Pierre, found guilty of several robberies; died at the age of twenty-five.
   (*d*) Marie Reine, died in prison, whither she had been sent for theft.
   (*e*) Marie Rose, same deeds, same fate.
   (*f*) Victor, now in gaol for theft.
   (*g*) Victorine, married one Lemaine—their son was condemned to death for murder and robbery.

There seems a considerable tendency for such families to unite, thus accentuating the vicious characteristics in their decendants. In many cases similar to that just quoted it is difficult to determine how much is due to education and how much to nature, for the children of thieves are not likely to be trained to honesty; but still nature is the more potent of the two. *Naturam expellas furcâ, tamen usque recurrit.*

A morbid or vicious tendency need not reappear in exactly the same shape; thus of avarice Maudsley says "In several instances in which the father has toiled upwards from poverty to vast wealth, with the aim and hope of founding a family, I have witnessed the results in a mental and physical degeneracy, which has sometimes gone as far as the extinction of the family in the third or fourth generation," and in a lesser degree as an instinctive cunning and duplicity and an extreme selfishness of nature, and then he says, "Whatever opinion other observers may hold, I cannot but think that the

extreme passion for getting rich, absorbing the whole energies of a life, does predispose to mental degeneracy in the offspring, either to moral defect, or to intellectual and moral deficiency, or to outbreaks of positive insanity."*

Similarly dipsomania often degenerates into mania, idiocy and hallucination, or, at the least, a dulled moral sentiment, and conversely insanity in the parents may become dipsomania in the descendants. This continual matamorphosis plainly shows how near passion comes to insanity, as Horace says, *Ira brevis furor est.*

Amongst nervous and mental disorders which run in families, none is more striking than suicide, especially when it occurs at about the same age. Voltaire was one of the first to draw attention to this. He speaks of a 'thoughtful professional man, of mature age and regular habits, having no strong passions and beyond the reach of want,' committing suicide. His father and brother had also committed suicide at the same age as himself. Voltaire says, "What hidden disposition of mind, what sympathy, what concurrence of physical laws caused this father and his two sons to perish by their own hand and by the same form of death just when they had attained the same year of their age?" In another family the grandmother, mother, daughter and grandson all committed suicide; and in another, a father of taciturn disposition had five sons: the first of these threw himself out of a third story window at the age of forty, the second strangled himself at thirty-five, the third threw himself out of a window, the fourth shot himself, and a cousin of theirs drowned himself, so that the fifth son alone escaped this terrible destiny. One of the most singular combinations of related suicides on record is this—D., the son and nephew of suicides, married a woman who was daughter and niece to suicides. He hanged himself, and his wife married a second husband who was son, nephew, and first cousin of suicides.

Having considered the influence of heredity on the intellect and temperament of the individual, we pass on to its relations to national character. It is the very foundation of all national character. Long before any scientific researches based on exact criticism were carried out, historians had been accustomed to express decided judgments on national character and the impossibility of altering it. "Thus," as M. Ribot says, "the French of the Nineteenth Century are, in fact, the Gauls described by Cæsar. In the *Commentaries*, in Strabo, and in Diodorus Siculus we find all the essential traits of our national character: love of arms, taste for everything that glitters, extreme levity of mind, incurable vanity, address, great readiness of speech, and a disposition to be carried away by phrases." There are in Cæsar some remarks which might have been written yesterday. "The Gauls," he says, "have a love of revolution; they allow themselves to be led by false reports into acts they afterwards regret, and into decisions on the most important events; they are depressed by reverses; they are as ready to go to war without cause as they are weak and powerless in the hour of defeat." *(De Bello Gallico*, iv. 5.)

Mr. Galton says that "the ablest race of whom history bears record is unquestionably the ancient Greeks: partly because their masterpieces in the principal departments of intellectual activity are still unsurpassed, and *in many respects unequalled*, and partly because the population that gave birth to the creators of those masterpieces was very small." To help us to realise the character of these stupendous intellectual creations, I trust I may be excused for quoting the words of one well qualified to express an opinion with reference to one of them. He says, "It would be difficult to find words that would do justice to the admiration entertained by those who have carefully studied the works of Plato. His thoughts, speaking through *the most perfect of known languages, in the most perfect style*, have not yet lost their significance." (D. J. Vaughan, *Introduction to the Republic.)*† Of all the many Greek states Athens was the most remarkable. After tracing the causes which led to her superiority, Mr. Galton goes on to say "Thus by a system of partly unconscious selection she built up a magnificent breed of human animals, which in the space of one century (530—430 B.C.) produced the following *illustrious* men, 14 in number:—

Statesmen and Commanders (5)—Themistocles (mother an alien), Miltiades, Aristides, Cimon (son of Miltiades), Pericles (son of Xanthippus, victor at Mycale).

Literary and Scientific (4)—Thucydides, Socrates, Xenophon, and Plato.

Poets (4)—Æschylus, Sophocles, Euripides and Aristophanes.

Sculptor (1)—Phidias.

Now let us attempt to compare the Athenian standard of ability with that of our own race and time. We have no men to put by the side of Socrates and Phidias, *because the millions of all Europe breeding as they have done for the subsequent* 2,000 *years have never yet produced their equals.* . . . It follows from all this that the average ability of the Athenian race is, *on the lowest possible estimate*, very nearly two grades higher than our own, that is, about as much as our race is above that of the African negro. This estimate, which may seem prodigious to some, is confirmed by the quick intelligence and high culture of the Athenian commonalty, before whom literary works were recited and works of art exhibited of a far more severe character than could possibly be appreciated by the average of our race, the calibre of whose intellect is easily guaged by a glance at the contents of a railway bookstall.‡

* It would be easy to multiply evidences of the degrading effect produced on the individual by the pursuit of mammon, as Wordsworth says—

> . . . ennobling thoughts depart
> When men change swords for ledgers, and desert
> The student's bower for gold.

And Virgil—

> Quid non mortalia pectora cogit
> Auri sacra fames?

† Mr. J. S. Mill in his *Autobiography* says—"There is no author to whom my father thought himself more indebted for his own mental culture than Plato, or whom he more frequently recommended to young students. I can bear similar testimony in regard to myself."

‡ Or such a truly intellectual feast as "The Greatest Show on Earth."

Mr. Galton's estimate of some factors in the British nation is far from cheering. He says, "It is perfectly distressing to me to witness the draggled, drudged, mean look of the mass of individuals, especially of the women, that one meets in the streets of London and other purely English towns. The conditions of their life seem too hard for their constitutions, and to be crushing them into degeneracy."

That was written twenty years ago; who, I ask, will walk down the Borough and say that it is not doubly true to-day? *

(*To be continued*).

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

ANOTHER NOTE ON THE STRUCTURE OF MUSCLE FIBRE.

SIR,—In the last number of the GAZETTE (No. 79) Mr. Sichell hovers between two systems of nomenclature; in the main, he calls the anisotropous material *inter-fibrillar*, and the isotropous *fibrillar*, but where he deals with the connections of the protoplasm round the nuclei he states that the granular protoplasm is continuous with the *inter-fibrillar* substance—inter-fibrillar here referring to the isotropous material, which stains more deeply with gold staining than does the anisotropous. This staining power is the cause of the statement that the nerve fibrils of the endplate are continuous with the isotropous material, for they, too, have greater affinity for the gold not only than the anisotropous but also than the isotropous material. Thus it happens that in specimens which are not over-stained the hypolemmal nerve ramifications are distinctly limited (*e.g. vide* Ranvier's figures). Moreover, they are of different origin (epiblastic) from the protoplasmic isotropous substance (mesoblastic).

The nomenclature to be used here is that of the last edition of Foster, viz., the *anisotropous* will be called the *fibrillar*, which is the formed material, the product of the metabolism of the *isotropous* (Schäfer's dumb-bells), or the *interfibrillar*, which is undifferentiated protoplasm of the fibre. That these are the better denominations is shown by the fact that the fibrillar elements can be followed (Rollett) a considerable distance, and are probably as long as is the muscle fibre itself, and not "regular, short columns;" while the threads of interfibrillar substance practically end in the network at Krause's membrane. The fibrils are constricted at regular intervals in their course, the spaces between the constrictions being filled with interfibrillar protoplasmic substance, as are likewise the small irregular channels between the fibrillar columns. It is this beading of the fibrillar columns which gives rise to the appearance of bright discs, with a narrow dark band at its mid plane ("Krause's membrane"), when focussed at a particular height. The greater general preponderance of isotropic protoplasmic substance at these bright discs, and the almost entirely anisotropic constitution of the dim disc, gives rise to the well-known appearance with polarized light. The beading of the fibrillæ may be most convincingly observed in fresh living muscle fibres of insects under a high power (*e.g.*, $\frac{1}{18}$in.).

So much then for the structure. It is now time to consider the functions of these two constituents. Melland, Marshall, etc., hold that the undifferentiated protoplasm (interfibrillar substance) is the active agent in contraction, as it is in leucocytes, etc. But is it credible that interfibrillar threads of such extreme tenuity as are found in mammalian muscle could be of sufficient strength? Moreover, consider the muscle fibres of some animals. Take, for example, those of an Echinoderm; they each consist of a single refractive fibril with a nucleus perched at its middle, the nucleus being surrounded by a small amount of granular protoplasm, which is possibly continued to coat the whole fibril. On Marshall's theory we should have to believe that this thin invisible sheet of protoplasm (if it exists) did all the work, and bore the tension in a contraction! Again, as Mr. Sichel remarks, the localization of myosinogen, etc., in the dim discs, which consist almost entirely of fibrillar substance, is exceedingly suggestive.

What then does the interfibrillar substance do? Foster remarks that it probably "secretes" contractile substance, as the protoplasm of a goblet cell secretes antecedents of mucin. [Possibly also this interfibrillar protoplasm is itself at the beck and call of the nuclei, as Mr. Sichel suggests.] If this be so, then, in muscle fibres which have to contract frequently and rapidly, we should expect to find a greater relative amount of this protoplasmic material, in order that restitution should be effected in a short space of time. On enquiry we find that this is so, for in the muscle fibres of insects whose contractions are quick and oft repeated we find a relatively great amount of interfibrillar substance; and this has led Marshall to cavil at Prof. Foster's statement* on the subject, in the current number of the Quart. Journal of Microscopical Science. Further, in those muscle fibres whose contraction, is slowest of all, we find that the fibrillæ have no "manholes" for the retreat of the protoplasm during contraction, and these we call *unstriated* muscle fibres or cells. We can hardly doubt that the interfibrillar substance is pressed out more or less during the contraction, and restitution of contractile substance only takes place when it has flowed back into all the interstices during the consequent relaxation.

It is hoped that a sufficient case has been made out for regarding the fibrillæ of anisotropous material as the true contractile substance, without taking up more of your valuable space.—I am, &c., H. E. D.

* Anyone who thinks this is a pessimistic view to take should stroll round Wapping and Shadwell some Sunday afternoon. The populous district immediately east of the London Docks seems to me one upon which philanthropists might advantageously concentrate all their energies for some time to come.

* Text Book of Physiology, 5th Edition, Part I., p. 91 (2).

NOTES ON PRESENTATION DAY AT THE UNIVERSITY OF LONDON.

By a Casual Observer.

There is a remarkable uniformity in the proceedings at the University of London on the occasion of the presentation of new graduates, which takes place annually on the second Wednesday in May. The large hall is packed with visitors, and with men and women graduates in their robes; in the arena are the Professors and Deans who present the graduates, and on the daïs are members of the Senate—Fellows of the University. Punctually at two o'clock enter the Chancellor, the Vice-Chancellor, the Member of Parliament for the University, the Registrar, and others, and the performance begins.

The Registrar makes a short statement of the number of candidates successful at each examination, and each graduate is called up and presented by one of the Professors to the Chancellor, from whom he receives his diploma. A few undergraduates only—namely, those who have obtained prizes—are also presented. After the presentation, which lasts about forty minutes, the Chancellor delivers an address on the current affairs of the University. He is followed by the Member for the University (Sir John Lubbock), and the proceedings terminate.

But though the proceedings vary little from year to year, some interesting differences may be noted as time goes on. Two of the most remarkable facts are the great increase in the number of graduates presented, and the great popularity of the London degrees with the ladies.

Twenty years ago the graduates to be presented occupied the benches at the end of the hall. Now these are entirely filled, about 100 graduates occupy the lower benches in the middle of the hall, and overflow on to the short benches at the other end. And the Vice-Chancellor stated in his address that there were fifty more presentations this year than last. Nor must it be forgotten that numbers of graduates are for various reasons absent. This great increase of graduates has necessitated a change in the details of presentation. Formerly those who gained honours or scholarships were separately presented for each honour or prize, as well as for the degree. Now each graduate is led up only once. The winner (not, alas, a Guy's man) of three out of the four exhibitions awarded at the Intermediate M.B., received a handful of gold medals in their cases, which he could hardly prevent from falling on to the floor. Time is even saved by presenting once only for both degrees those who have taken the M.B. and B.S. in the same year.

These facts are worth the attention of those who say that the London University does not grant in the year a number of degrees proportionate to the influence it claims. The University is yet an infant as compared with the older foundations of Oxford and Cambridge, but the number of Candidates who come within its grasp, increases annually with a rapidity almost as alarming as it is gratifying.

The University is popular with the ladies. Long before two o'clock the hall is crowded, chiefly by members of the fair sex, who shower down applause upon each sweet girl graduate as she is presented to the Chancellor, while the young lords of creation are allowed to walk up to the daïs in a dead and depressing silence—unless, by some accident, a gentleman has distinguished himself by taking the scholarship, medal, or first place in honours. Naturally the ladies are mostly bachelors of arts, of whom there are 35 on this year's list. There are also 4 masters of arts, 8 bachelors of science, 2 bachelors of medicine, and 4 certificated in the science and art of teaching; but no ladies have graduated in law or music.

Simply as a casual observer, I noticed that only three out of the 26 legal graduates claimed any connection with School or University; the other 23 referred their work to private study. Some time ago I was conversing with a lawyer about the education of law students, and I was anxious to know what machinery there was for the systematic teaching of law, similar to what we know of in medicine. He seemed to think that they were well taught if they paid their premium as articled clerks, and picked up what they could from the practice of a good firm, such as I gathered he thought his own to be. The University list suggests that legal educational departments do not attract the best men, or that the best men do not, for some reason, come to the London University. In a paper devoted to medical matters it would be unbecoming to discuss this subject further.

The next observation is one that concerns our own medical school. Guy's has always been very closely identified with the University of London. In his speech the Vice-Chancellor alluded to the late Sir William Gull, as one of the oldest medical graduates, and a member of the Senate of long standing. Two members of the staff of Guy's—Dr. Wilks and Dr. Pye-Smith—are now members of the Senate; four are examiners; and, as we all know, large numbers of students go up for the examinations, and never a year passes but what we secure one or more of the exhibitions or gold medals awarded for first and second places in honours. But I was grieved to see what a small proportion of our graduates came up this year for presentation. What was the reason?

A good show of graduates at presentation, is of benefit to school and hospital, and I think that the supply of *esprit de corps*, for which Guy's is well known, should not be allowed to fall off on such an occasion. Our most successful graduate in medical science, Mr. Kitching, was unavoidably absent, having left England, but it was especially to be noted that in the group of six gentlemen who had graduated M.B., B.S., four were Guy's men, and not one of them was there. I hope that in future years, the engagements of our new graduates will allow them the time, about three hours, required for this interesting ceremony.

I noticed the following graduates from Guy's. B.Sc.—E. T. E. Hamilton and T. R. Taylor; M.B.—H. J. Campbell and A. Scott; M.S.—A. Parkin; M.D.—C. D. Muspratt and W. N. Risdon; M. D. (state medicine)—F. F. Burghard. And among the company were Dr. Wilks and Dr. Pye-Smith on the dais, Dr. Pavy presenting the Guy's graduates, Dr. Stevenson, Mr. Howse and Dr. Taylor.

REFLECTIONS ON PITHING A FROG FOR THE FIRST TIME.

Alas! poor Froggy! and is it come to this, that thou must die? Yet, as I uplift the gleaming scalpel o'er thy occiput, I pause and muse upon the vanity of Frogland life,—doubtless, in some sequestered nook, were thy two parents joined in holy matrimony, and there, in reedy pond, shaded from scorching rays of Helios, didst thou first see the light of day. *Tempora mutantur et frog mutatur in illis!* No poring over grammar and dictionary, no glorious summer afternoons immured in fœtid class room were thine, but thou didst gambol gaily in sparkling rill from early dawn till dewy eve, untrammelled by worries and sorrows searing the hearts of mortal men. Perchance thou wast ensnared by cunning wiles of some fair froggy charmer, wasp-waisted, lily-fingered, not unskilled in froggish flirting—*Umsonst!* Bitter indeed thy sorrow, expatriated by heartless hand of frog-merchant knowing no pity, *for the advancement of Science.* For thee indeed *Arbor Scientiæ* is aught but *Arbor Vitæ!* And so in Leadenhall Market art thou housed what time Prof. Boulanger, eminent physiologist, presents himself, frog-box in hand, desiring such as thee. Singular Boulanger! respectable practitioner! wherefore now art thou lodged in my hand, eftsoon to be offered on the altar of Science. And as I view thy speckled form, slimy Amphibian, does there not arise a vision of names colossal, giants verily in the search of Nature, Malpighi and Leuwenhœk, Galvani and Volta?—a Noblesse of Science, without sword upon their thigh, without gold in their purse, but with the grand Thaumaturgic faculty of Thought in their head, and of Experiment in their hand. Surely, if man were grateful for all thou hast taught him, O timorous Rana, temples would he build, wherein to hymn thee with ritual and sumptuosity, as *Rana Illuminator Hominum, Rana Amicus Scientiæ.* Shrines, too, would be erect to thy compeers in the education of man, *Amœba* and *Lepus.* There should thy ashes be reverently stored in urn of argent, chased around with legend honourable. Singular what gospels men will believe, but not a gospel according to Lepus and Rana! Did not Aristophanes, too, prince of comic poets, seek thy aid in tuneful Batrachian chorus to beguile the swamps of Hades with loud croaking ceaseless? Yea, thou hast uttered thy melodious βρεκεκέκεξ κόαξ κόαξ tc Athenian ears, intellectualest of men. Ah! Froggy, ours is a most fictile world, and man the most fingent plastic of creatures! The Horologe of Time has struck; the Era of thy terrestrial existence must pass away; strange death-birth of LOGOS politely called PHYSIOLOGOS! Briny tears course down my furrowed cheeks as the scalpel true cuts cleanly through the cervical vertebræ, and thou art fled, O Rana, not inaptly named Temporary. * * * As thy moist spirit wings its wailing way across Cocytus, named of lamentation, to thy Manes pour I libations of thy blood, staining them deftly the nonce as with Εὖς, early-rising, rosy-fingered; as also with juice of wood, blood-red, borne from furthest Ind by hardy mariners. Then do I seek to unravel the mystery of thy still beating heart. O Life, mystery of mysteries, subtle enigma inexplicable by man!

O.

ANATOMICAL DOUBLE ACROSTIC.

[*Recommended as a test for those going up in June.*]

My first is a word that comes straight from the Greek:
Means simply a *hinge*, if English we speak.
My second 's a powerful white fibrous *band*:
The muscle that tightens it helps us to stand.
My third is a nerve, quite familiar at Guy's:
To five *orbital* muscles it *motion* supplies.
My fourth will be hardly so plain as the last:
'Tis the *function* in English of "osteoblast"
A Greek word for "*clothing*": because it doth clothe
The inside of Lateral Ventricles both.
A part of the bowel not far from the end:
Though its name should mean *straight* it has many a bend.
My seventh's a feature, of blood suffering losses:
Has been dryly but wittily called a "*proboscis.*"
My eighth is a *membrane* which Foetus encloses:
Within both the "true" and the "false" he reposes.
A *lymphatic trunk* 's the last question of mine:
Thut runs up a long way in front of the spine.

If first my initials and then finals you'll read,
A triangular structure 'll come into your head:
In femoral rupture oft nicked by the knife;
The anatomist famous from whom it is named
Made soup from a mammoth (he cannot be blamed):
The *recipe* doubtless he got from his wife.

Σφίγξ

THE COLLEGE LIBRARY.

FOURTH LIST OF DONATIONS.

Amount already advertised	£169	3	0
A. E. Durham, Esq., F.R.C.S.	10	10	0
C. H. Golding-Bird, Esq., F.R.C.S.	3	3	0
J. A. Ball, Esq., M.B.	1	1	0
H. Murray, Esq., L.D.S.	1	1	0

Passim.

The Library Prize Competition has brought in a good number of lists, but owing to the interruption in the time allowed for the competition, caused by the Whitsuntide holidays, we have been asked to leave it open for a few days longer. The competition will therefore close on June 10th, and in our next issue the name of the winner, and standard list will be published. We would remind our readers that the details of the competition will be found in the last number of the Gazette.

The Bicycle Club has set up its plate and issued its card, and it must certainly be congratulated on the success which it has achieved in so short a time. Under the able captaincy of Mr. G. A. Skinner, supported by a strong committee, we may expect it to do great things in the near future. Not only have they selected a number of pleasant runs for each Saturday afternoon throughout the session, but arrangements are now being made for a bicycle race among Members of the Club. From the name of the Club it might be concluded that gentlemen sporting one, three, four, or more wheels would be ineligible for election. This we are informed is not the case, the word "Bicycle" having been chosen so that the club letters should not be confounded with those already in use by the Cricket Club. A correspondent interested in the comfort and welfare of the new fraternity writes to us recommending a new form of spring saddle, fitted with patent hold-down straps which are declared to be "the only effective preventitive to *perennial* pressure."

The pass list this week is very satisfactory, and we heartily congratulate the successful candidates; but at the same time everyone sympathises with our unfortunate friends in the First Fellowship. Perhaps they may find some consolation in hearing that, according to the published results, only 43 out of 119 passed that examination.

The clinical examination of the Final Fellowship is always an interesting occasion, at least to the young Fellows. Some of the best cases in the London Hospitals and Infirmaries are exhibited, and opportunity is provided for seeing and discussing them, without interfering with the examination. Among the cases shown on Thursday, were:—Double Charcot's disease of hips, and knees; two cases (brothers) of hæmophilia affecting the knee-joints; an occipital tumour of long duration, probably degenerated nævus; several cases with swellings about the parotid and thyroid regions of a more or less obscure nature; disease of the nails; and some ophthalmic cases.

We wish to draw particular attention to the list of forthcoming events, which will be found in another column. The annual General Meeting of the Students' Club is announced to take place in the Anatomical Theatre, on Friday next, June 6th, at 4 p.m.; and we hope all the members of the club will do their best to attend.

A class in bacteriology will be held in the middle of June. Gentlemen wishing to join should apply to the School Office, or to Dr. Washbourn, who will give further particulars.

The Athletic Sports passed off very successfully on Thursday, in most favourable weather, the pretty ground at Balham looking at its best. The prizes were distributed by Mrs. Frederick Taylor. In our next issue we hope to give a full account.

The London University Club will give a Smoking Concert at the Bridge House Hotel, on June 5th, at 8 p.m., Dr. Pavy, F.R.S., in the Chair.

Hospital News.

INTERESTING CASES.

Cornelius	6	Fractured sternum.
Lydia	9	Pulpy knee.
Martha	6	Double carcinoma of breast.
	Cot A	Injury to elbow. Separated humeral epiphysis.
Job	3	Ulceration of tongue.
	11	Tubercular arthritis.
	9	Gumma of testis.
Lazarus	13	Sarcomatous nasal polypus.
Naaman	12	Subungual exostosis.
	10	Abdominal tumours.
Luke	15	Epithelioma of upper lip.

FORTHCOMING EVENTS.

May 31.—Applications received for two H.Ps., two H.Ss., and one Ast. H.P. for July.

June 2.—Application to be made for Intermediate M.B. Lond. Schedules.

July Appointment List opened.

Application to be made for Schedules for the Second Conjoint Examination not later than this date.

„ 3.—Cambridge First and Second M.B. Examinations begin.

„ 10.—Schedules for Final Conjoint Examination to be left at the Medical Office not later than this date.

Last day for sending in Schedules for Intermediate M.B. Lond.

Last day for applying for H.P. and H.S.

„ 11.—Examination for Treasurer's Gold Medals.

July Appointment List closed.

„ 17.—Prize Competition for Fourth Year's Students.

„ 19.—Prize Competition for Third Year's Students.

„ 21.—Last day for sending in names to London University for Preliminary Scientific Examination.

„ 26.—Second Conjoint Examination begins.

„ 28.—Applications received for one Ast. H.P. for September and two H.Ps. and two H.Ss. for October.

EXAMINATION PAPERS.

CAMBRIDGE THIRD M.B.

Surgery. - 1. Enumerate the causes which may give rise to hæmorrhage from the rectum, and state the treatment which you would adopt in each case. 2. From what causes may obstruction of the intestines arise (excluding hernia)? Give the diagnosis and surgical treatment suitable to each form. 3. Describe the onset, progress, pathology and treatment of congenital syphilitic keratitis. Mention other disorders with which the disease is complicated. 4. Describe the chief varieties of ulcers of the tongue, giving the pathology, diagnosis and treatment of each. 5. Describe fully a case of erysipelas of the head, from its commencement to its termination. State what you know of the nature of this affection, and give the treatment you would adopt. 6. What are the causes of retention of urine in the male? How would you relieve the retention in each case?

Physic.—1. In what diseases and conditions may paralysis of one or both vocal chords be observed? What may be the effects of such paralysis? 2. What affections of the skin and urinary organs are especially apt to be associated with the gouty constitution? Lay down rules for their treatment respectively. 3. Describe a typical case of angina pectoris. Discuss the causes, pathology, and treatment of the affection. 4. Enumerate and classify the chief superficial and deep reflexes, and indicate their bearing on the diagnosis of nervous diseases. 5. Enumerate the various possible causes of peritonitis. How would you treat perityphlitis? 6. A patient consulting you with statement of the passage of blood in the urine, what methods would you employ in order to find the source and cause of the hæmorrhage?

Obstetric Medicine.—1. Describe the phenomena of menstruation, including the changes which occur in the uterus and ovaries during the process. 2. Give the symptoms of retroversion of the gravid uterus, the diagnosis, sources of danger, and the treatment. 3. What is the influence of a contracted pelvis on the presentation; on the character of the pains; and on the first stage of labour? 4. Describe the varieties of vulvitis and vaginitis, and their treatment.

Pathology.—Distinguish between a simple and a tuberculous abscess. What part do micro-organisms play in suppuration, and what different kinds have been found in pus? Contrast thrombosis of a vein with that of an artery as regards causation, symptoms and consequences. Describe the naked-eye and microscopic appearances of the various forms of carcinoma. Describe the various forms of secondary degeneration of the spinal cord and trace the course of the degenerated tracts in the cord. Give the historical appearance of the lung in the several stages of croupous pneumonia, and discuss the views held as to its causation. Describe the several forms of ulceration met with in the large intestine. In the event of the ulcers not healing, what untoward consequences may result?

Medical Jurisprudence.—1. A dead body being found in a river, presenting wounds and internal injuries, how would you determine whether such wounds or injuries had been inflicted before or after death? 2. What are the symptoms of poisoning by aconite? 3. What symptoms would lead you to suspect chronic poisoning with arsenic? What would lead you to suspect that the poisoning was criminal? In the latter case what steps would you take? 4. Mention some of the diseases

which are apt to be feigned by malingerers, and describe how you would endeavour to detect them. 5. A man said to be "subject to fits" kills another man. The motive is not obvious. By what considerations would you be guided in forming an opinion as to the criminal responsibility of the homicide?

Hygiene.—1. Draw up rules for the feeding and management of infants during the first year of life. 2. What is known with regard to the agency of milk in the dissemination of the so-called zymotic diseases? 3. What relation is there between alcoholic drinks and:—(1) the temperature of the body; (2) energy for work? 4. What conditions favour the origin and dissemination of the malarial poison? What precaution should be observed:—(1) by those who live in or near a malarious district; (2) by those who are spending a few days in it? 5. State what is known, or supposed, with reference to soil, climate, water-supply and locality on the production of renal calculus.

Therapeutics. – 1. State, as concisely as you can, what is known of the physiological action and therapeutic uses of belladonna. 2. Discuss the treatment of insomnia. 3. Sketch the treatment of enteric (typhoid) fever, having regard to its dangers and the means of preventing or meeting them. 4. State the general composition and give the doses of:—(*a*) Pulvis kino compositus. (*b*) Pilula scillæ composita. (*c*) Mistura ferri composita. (*d*) Tinctura camphoræ composita.

Prescriptions.—Prescribe, without abbreviations other than those of quantities, and with directions to the patient or nurse, for a case of (1) migraine in a girl of 16; (2) laryngismus stridulus in a child of 2; (3) acute gastritis.

PASS LIST.

UNIVERSITY OF LONDON M.B. EXAMINATION.

FIRST DIVISION.

J. McD. Gill.

SECOND DIVISION.

H. J. Blackler. | S. B. De Mesquita.

UNIVERSITY OF CAMBRIDGE THIRD M.B.

PART I.

D. S. Long. C. R. A. Sutton.
E. M. Pilcher. F. G. Swayne.
H. A. Smith. F. Wellford.
W. Winslow.

PART II.

A. E. Durham. J. W. Russell.
D. S. Long. H. A. Smith.
F. G. Swayne.

ROYAL COLLEGE OF SURGEONS.

FIRST FELLOWSHIP EXAMINATION.

A. M. Daldy. T. D. Lister.
E. T. E. Hamilton. J. H. Muncaster.
T. R. Taylor.

THE SOLANACEÆ.

(Continued.)

The Tomato, *Solanum Lycopersicum*, or sometimes *Lycopersicum Esculentum*, is a tender annual from South America. The flowers are borne in simple unbranched bunches. The rotate corolla is yellow. The stem is herbaceous and hairy, the leaves are pinnate but incised. The fruit or berry is large flattened and deeply furrowed, generally bright scarlet, but both colour and size vary greatly in different varieties. It is much esteemed in England both raw and cooked. It has a most agreeable acid flavour. The habitual use of it is said to maintain the liver in a healthy and normal condition. Formerly it was raised from seed sown in gentle heat in February and March. It is best grown in a forcing-house, as it requires considerable heat and every possible ray of sunshine, with free circulation of dry warm air. Copious supplies of manure and water are also necessary.

The genus CAPSICUM contains, according to Don, 33 species, most of which are natives of Brazil, the West Indies, and China. The Corolla is generally white and rotate, and the anthers converging; the stem is herbaceous, as in the common annual species *C. Annuum*, which was brought to Europe by the Spaniards in 1548; or woody, as in the numerous perennial species—*C. Grossum* (called bell-pepper), *C. Cerasiforme*, cherry pepper, *C. Baccatum*, bird pepper, &c., &c. Linnæus defines the fruit as a juiceless berry.

C. Annuum is indigenous to South America, but is now grown in India, Italy, Spain, Hungary, and Turkey; grows two or three feet high. The pod is generally oval, but varying in shape and colour, being either yellow, red or black. The ovaries of all the genus are hot, pungent and irritant, owing to the presence of an oleaginous alkaloid substance called *capsicine*. There is also present a non-alkaloid *capsaicin* $C_9H_{14}O_2$ and fatty matter.

C. Grossum, the bell-pepper, which has a large swelling, wrinkled fruit and fleshy, tender skin, supplies us with Chili vinegar, and is used to flavour pickles. *C. Baccatum* bird pepper, which has a small oval and bright red fruit, is far more pungent than the other species and produces cayenne pepper. The ripe fruits are used. They are dried, ground, mixed with wheat flour, and made into cakes like yeast. The cakes are baked very hard and then ground into the powder known as Cayenne pepper. Though called "pepper," it must not be associated with the true peppers, *Piper Nigrum* and *Album*, which belong to the *Piperaceæ*, a much more primitive order of Dicotyledons with monochlamydeous flowers. The hot biting taste is due, as above stated, to the alkaloid *capsicine*, which is a reddish body with balsamic odour. Cayenne is not narcotic. It is used as a stimulant in dyspepsia, and as a gargle in scarlatina. In large quantities it acts as an irritant poison. The natives of hot countries, such as India, will however consume large handfulls of cayenne with the greatest gusto. The extreme heat of the climate admits of, and indeed necessitates, extreme gastric stimulation.

In the genera of the order which possess medicinal interest *only*, we have in a descending scale as regards importance *Atropa*, *Hyoscyamus* and *Datura*.

ATROPA BELLADONNA.—Deadly Nightshade or Dwale is, to use the language of a botanist of the last century, "a great branching plant with ovate entire leaves and large (campanulate) flowers coming out among the leaves singly, on long peduncles. The corolla is of a dusky brown colour outside and a dull purple within. The stalks have a tinge of the same colour, as have the leaves also towards autumn. The berry is round, of a shining black when ripe, and not unlike a black cherry in size and colour; it contains a purple juice of mawkish sweetness, and has frequently enticed children to taste it at their peril. I have known, however, the same poisonous effects follow from eating the young shoots of the spring, boiled, as from the crude berries of autumn. Deadly nightshade is not common wild, and is rarely cultivated; it skulks in gloomy lanes and uncultivated places, but is too frequent near villages in some countries."

Belladonna has great therapeutic interest; both leaves, stem and root are used in medicine. The substances which give them their peculiar properties are—

(1) *Atropine* $C_{17}H_{23}NO_3$, isomeric but not identical with hyoscyamine and other alkaloids obtained from members of the order.

(2) *Belladonnine*, homologous with *atropine*, and probably identical with *hyoscyamine* and *daturine*.

In the plant these alkaloids exist as salts of malic acid. Both green and spirituous extracts, juice, plaster, ointment and liniment of belladonna, and various preparations of atropine, are used medicinally.

Belladonna is a local anæsthetic and anodyne, and is used as such in the form of plaster, ointment, &c. Atropine is much used as a pupil-dilator (mydriatic) in ophthalmoscopy.

Internally administered belladonna, in moderate doses, stimulates both the respiratory and cardiac centres in the medulla oblongata, causing rapid breathing and slackening of the heart. Death by belladonna is due to cardiac failure caused by poisoning of the cardiac terminations of the vagus. Belladonna also causes dryness of the mouth and throat, due to paralysis of the terminations of the chorda tympani nerve in the submaxillary gland.

From these actions on the body in a normal state, its use in disease can be discerned. Atropine occasionally relieves the salivation of mercury, of pregnancy and of cerebral disease. It checks the sweating of phthisis.

Belladonna is believed to relieve cardiac pain and palpitation; it is used in diseases of the respiratory organs, bronchitis, spasmodic cough, and pertussis. It soothes the afferent and efferent nerves of the bronchi. In the form of plaster, belladonna stops the flow of milk, but strengthens the respiratory centre. It relieves some forms of chronic constipation. It is useful in diseases of the genito-urinary organs, and may be used in poisoning by opium and calabar bean.—(Bruce.)

As regards other species of atropa, the old "mandrake" *Atropa Mandragora* is not included by Bentham in our Flora, nor is it used medicinally by regular practitioners.

The old botanist before quoted says of this plant:—

"You have heard of the mandrake's groan, and of shrieks like mandrakes torn out of the earth: superstition having endowed this plant with a sort of animal life, fatal to whosoever presumed to destroy it by digging up the root. It was famous as opium now for procuring sleep, whence Cleopatra says—

'Give me to drink *mandragora*,
That I might sleep out this great gap of time
My Anthony is away.'

And the vile Iago boasts that

'Not poppy nor *mandragora*,
Nor all the drowsy syrups of the world,
Shall ever medicine thee to that sweet sleep
Which thou hadst yesterday.'

Since mandrake groans and shrieks when injured, it must needs have a human form, and accordingly such have been carried about for sale, notwithstanding the danger that attends the procuring of it; but this is cunningly avoided by tying a dog to the root, and thus making the blind fury of the poor mandrake fall upon the innocent dog instead of the aggressor. These pretended mandrakes are said to be roots of Angelica or Bryony, either cut into form or compelled to go through carthen moulds put into the ground for this purpose; they were used in magical incantations, and though they are now pretty much out of fashion, yet I have had them very gravely offered me for sale. Linnæus formerly made this genus distinct from the last; but on second thoughts he made it a species of atropa, distinguished from the others by having no stems but the scapes, which support a single flower. The root is like that of parsnip, sometimes forked; next the ground there is a circle of large, broad leaves. The scapes, or naked stalks that support the flowers, are but three inches long; the corollas are five-cornered, and of a greenish-white or purplish colour; the berry is as large as a nutmeg, and of a yellowish-green. The root and leaves are stinking, and the whole plant is poisonous."

Hyoscyamus Niger, henbane, is a herbaceous annual, very often biennial, has oblong-ovate *leaves*, irregularly toothed, pale green, covered (as is the whole plant) with glandular hairs, and sometimes as much as ten inches in length.

The flowers of common henbane grow in a long spike and are really beautiful when closely viewed. The corolla is infundibuliform and obtuse, of a pale yellow colour, beautifully veined with purple. The stamens are of different lengths, and the ovary to which the calyx adheres is a typical example of what is botanically termed a *pyxidium;* that is, a capsule of oval form and covered by a hemispherical lid which falls off when the seeds are ripe.

Like belladonna, henbane is a most valuable and extensively used medicinal plant. The active principles which give it this value are the alkaloids, *Hyoscyamine*

and *Hyoscine*, both possessing formula $C_7 H_{23} NO_3$. The former is crystalline, the latter syrupy, and both are *isomeric, but not identical with atropine*. This isomericity but lack of identity on the part of so many organic bodies is a very strange and interesting quality, and leads us to hope that light may be thrown on the physical arrangement of their particles to which these differences are due by investigators in the years to come.

Henbane is used as extract, juice and tincture, and also in the colocynth pill. Its actions are on the whole like those of belladonna, but its preparations are weaker, and hence larger doses are given.

Henbane, in a more marked degree than the other solanaceous plants, possesses calmative effects, and is used in maniacal excitement. This property is due to the second of the above-mentioned alkaloids, *Hyoscine*, which is a powerful cerebral sedative. Hydriodate of *Hyoscine* is administered hypodermically in doses of from $\frac{1}{200}$th to $\frac{1}{100}$th of a grain.

Lastly, henbane, from its laxative action, is often combined with purgative pills, and the tincture is in general use to relieve irritability of the bladder.

DATURA STRAMONIUM.—The thorn apple has a tubular calyx swelling in the middle, five-segmented and deciduous, the corolla infundibuliform spreading out very gradually from a long cylindrical tube into a pentangular border with five folds; it is white, and each angle ends in a long point. The flowers come from the first divisions and near the extremities of the branches. The leaves are large, smooth, ovate, sinuous, and possess a disagreeable, heavy odour, which is strongest while they are drying. The capsule is ovate and covered with strong thorns. It grows erect, and contains brownish-black, reniform seeds, which are finely pitted and wrinkled, and emit a strong odour when bruised. The medicinal preparations of this plant are not officinal, and are obtained both from the leaves and seed, which both contain a crystalline alkaloid, *Daturine* $C_{17} H_{23} NO_3$, which is either identical with *Hyoscyamine* or is a mixture of *Hyoscyamine* and *Atropine*. Stramonium is used in the form of extract and tincture.

Daturine has action almost identical with that of atropine; stramonium is used, however, almost solely in spasmodic diseases of the respiratory organs, *e.g.*, bronchitis and asthma. The extract is given in $\frac{1}{6}$th grain doses, and the leaves are smoked during the paroxysm. Stramonium cigarettes are quite a common article in the shop windows of chemist and tobacconist alike.

Sport.

CRICKET.

GUY'S HOSPITAL 2nd XI. v. CHRIST COLLEGE, FINCHLEY, 2nd XI.

Played at Finchley, Saturday, May 17th. Guy's won by 88 runs on the first innings.

GUY'S.

W. K. Steele, l b w, b Margetts	2	T. Nicholson, b Lane	0
G. M. Pratt, c Garner, b Margetts	6	W. H. Jewell, b Forrester	4
H. Sharp, l b w, b Margetts	36	J. Moore, b Forrester	11
R. H. Fagge, b Lane	0	S. Cresswell, c & b Lane	0
D. B. Todd, b Forrester	82	W. Culmer, not out	4
C, E. Carpmael, b Margetts	6	Extras	10
		Total	161

CHRIST'S COLLEGE, FINCHLEY.

First Innings.		Second Innings.	
C. W. Pratt, b Culmer	0	did not bat.	
J. H. Bates, b Pratt	1	not out	1
J. Lane, b Culmer	14	b Steele	3
A. Williams, b Moore	6	not out	3
J. J. Forrester, b Moore	4	c Culmer, b Steele	15
H. Smyth, b Moore	0	did not bat.	
J. Garner, b Moore	2	c Culmer, b Cresswell	7
M. Margetts, not out	17	c Jewell, b Cresswell	7
C. A. Conolly, c Carpmael, b Sharp	1	run out	4
B. F. O'dowda, b Sharp	5	c Sharp, b Steele	2
U. C. Wood, b Culmer	5	c Pratt, b Nicholson	1
Extras	18	Extras	7
Total	73	Total (7 wkts.)	50

GUY'S HOSPITAL 2nd XI. v. FOREST SCHOOL 2nd XI.

Played at Walthamstow, Saturday, May 24th.

FOREST SCHOOL.

First Innings.		Second Innings.	
W. H. Bonsey, b Ensor	7	run out	17
S. Patch, b Ensor	0	l b w, b Meyrick Jones	5
E. B. Berthon, c Williams, b Ensor	6	b Nicholson	3
S. M. Green, b Nicholson	0	b Nicholson	3
C. A. Foy, b Nicholson	4	b Nicholson	19
T. H. Reeve, b Nicholson	5	c Nicholson, b Ensor	1
R. Macpherson, c Wilks, b Ensor	1	b Nicholson	0
W. S. Dunn, b Ensor	0	c and b Ensor	15
W. R. Fairclough, b Ensor	1	not out	7
W. H. Russell, not out	4	c Lang, b Nicholson	4
A. E. Gledhill, b Ensor	0	run out	1
Extras	6	Extras	1
Total	34	Total	77

GUY'S HOSPITAL.

First Innings.		Second Innings.	
H. L. E. Wilks, run out	10	c Patch, b Gledhill	47
H. J. Spon, b Green	0	did not bat.	
S, Cresswell, b Reeve	1	did not bat.	
H. Meyrick Jones, b Reeve	0	did not bat.	
W. H. Jewell, b Green	0	not out	4
J. Lang, b Reeve	6	not out	32
W. R. Williams, c Bonsey, b Green	2	c Patch, b Gledhill	1
T. Nicholson, not out	0	b Gledhill	2
C. A. Ensor, b Reeve	0	did not bat.	
W. Price, c Dunn, b Reeve	4	did not bat.	
H. B. Thurston, b Green	0	did not bat.	
Extras	5	Extras	5
Total	28	Total (3 wkts.)	91

Guy's won by seven wickets.

N.B.—In Guy's second innings, 91 runs were made in forty-five minutes.

GUY'S HOSPITAL v. BICKLEY PARK.

Played at Bickley on Saturday, May 17th, and resulted in a victory for Guy's by 89 runs. The brothers Bettington bowled well, J. B. Bettington being credited with six wickets for 32 runs, and J. H. Bettington three wickets for 27. Score—

Guy's—1st Innings.		Bickley Park—1st Innings.	
E. Reid, b Avery	29	R. J. Thornton, b J. B. Bettington	1
C. R. Lucas, c Kelsey, b G. Hilder	10	J. H. Kelsey, b J. H. Bettington	0
F. Colclough, c Thornton, b Avery	47	R. S. Jones, b J. B. Bettington	8
J. H. Bettington, c Gilbert, b Avery	0	C. A. Gilbert, l b w, b J. B. Bettington	18
F. M. Russell, c Gilbert, b Avery	1	C. Avery, b J. B. Bettington	0
J. B. Bettington, b G. Hilder	0	P. C. Parr, b J. B. Bettington	12
C. Fagge, run out	3	G. Hilder, c and b J. H. Bettington	0
J. H. Busteed, b G. Hilder	29	H. A. Hutton, b J. B. Bettington	1
H. Hewetson, b Avery	13	H. Hardey, c Fagge, b J. H Bettington	13
E. S. Tuck, not out	9	R. Hilder, not out	4
J. J. Biggs, b Avery	7	O. Evans, run out	2
Extras	7	Extras	7
Total	155	Total	66

Bickley—2nd Innings.

R. T. Thornton, not out, 80; R. S. Jones, c Busteed, b Reid, 20; J. H. Kelsey, c Hewetson, b Biggs, 35.

GUY'S HOSPITAL v. CRYSTAL PALACE.

Played at the Crystal Palace on Saturday, May 24th, and ended in a draw in favour of the hospital team. The chief feature of the Guy's innings was the batting of Hewetson, who, in his 101, scored fourteen 4's; J. B. Bettington also batted well for 40. Score—

Guy's—1st Innings.		Crystal Palace—1st Innings.	
E. Reid, b Barchard	29	F. W. Janson, b J H. Bettington	9
W. G. Mitchell, c Payne, b Neame	39	A. G. Rayne, c Layman, b Lucas	21
C. R. Lucas, b Nelson	24	L. H. Neame, c Layman, b Lucas	42
J. H. Bettington, c Villiers, b Nelson	7	S. Shorter, c Mitchell, b Lucas	2
S. G. Layman, b Janson	1	F. H. Nelson, not out	23
E. S. Tuck, c Leete, b Nelson	14	C. F. Tufnell, c J. H. Bettington, b Lucas	1
J. B. Bettington, l b w, b Shorter	40	P. Currie, b Mitchell	10
H. Hewetson, b Nelson	101	F. C. Barchard, b J. H. Bettington	21
C. H. Fagge, b Neame	23	H. P. Clarke ...did not bat.	
R. H. Fagge, c & b Nelson	0	A. H. Heath ...did not bat.	
J. Moore, not out	10	D. De Villiers did not bat.	
Extras	13	Extras	20
Total	301	Total	149

Advertisements.

"LOCUM TENENS."

WANTED from Thursday, July 10th, to Monday, August 4th, a fully qualified Gentleman not under 25 years of age, to take charge of a practise in a Country Town. No dispensing. Terms—Three and a half guineas a week, and expenses.—For further particulars apply to Mr. Wells, Guy's.

A Doubly Qualified Guy's Man, living in a healthy and bracing part of Devonshire, desires a Resident Patient, convalescent preferred. Shooting, fishing, tennis club near at hand.—Apply Dr. T., Morchard Bishop, Devon.

A GENTLEMAN, married, who has lately given up large practice, wishes to hear of a partnership, with view to early succession preferred, or practice. Home counties. Good scope essential. Would take sole charge, or travel for few months.—Address, M. M., Medical School Office, Guy's.

A medical man, living within 20 minutes' walk of Guy's (tram fare 1d), has large sitting room and double-bedded room to let to two students. Terms 50s. per week including board. No extras, except washing of personal linen.—Apply to Q, c/o Mr. Wells, the office, Guy's.

DOUBLY QUALIFIED GUY'S MAN, late H. S., æt. 35, married, wants to Purchase (by instalments preferred) practice or partnership of £500—£800, with a good introduction; about an hour or hour and half from London; Kent, Surrey or Sussex preferred. Accustomed to ride and drive; no objection to country work, provided practice is situated within a reasonable distance of fair-sized town.—Apply I. Medical Office, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

PHOTOGRAPHY.—Amateur's negatives retouched and printed. All kinds of medical subjects undertaken. Prices—

Retouching ... 1/- a head.
Printing ... 2/- per doz. unmounted, quarter-plates.
4/- " " half "
6/- " " whole "

2/6, 5/- and 7/6 respectively when mounted. *Terms cash.* Estimates given for retouching groups. Return carriage paid, and senders take all risk.—L. Green, Maxwell House, Kelvin Grove, Upper Sydenham, S.E.

PRACTICE for disposal in New Zealand. Income between £600 and £700 per annum. At present held by an old Guy's man. Full particulars as to fees and locality may be obtained on application to Mr. Wells, Medical Office, Guy's.

WANTED by a trebly qualified Guy's man, aged 27, a small country practice or partnership. Four years' experience in general practice.—Apply B. H., care of C. H. Wells, Esq., Medical School, Guy's Hospital, S.E.

WANTED to Purchase a Partnership in a good-class Practice (London suburb or good provincial town) with income from £500 to £800 per annum, by one who is doubly qualified, and well experienced in general practice.—Address "Omega," Guy's Hospital, S.E.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

JUNE 14, 1890.

NOTES OF TWO CLINICAL LECTURES ON TWO CASES OF MYELITIS.

Given by Dr. HALE WHITE.

CASE I.

James L., æt. 25, admitted into John Ward August 12, 1889. Has had syphilis. Fourteen days ago got wet through, but noticed no ill effects. On the night of August 12 he went to bed quite well, when he woke up in the morning he could not stand, and subsequently he found he was unable to pass his water.

On Admission.—Almost complete paraplegia, the only movements of the lower extremities which are possible are slight flexion of feet, toes and legs. *Reflexes:*—plantar and knee exaggerated, cremasteric absent, abdominal present, ankle and patellar clonus obtainable. No impairment of any form of sensation, no hyperæsthesia. Retention of urine, bladder up to umbilicus. Marked and continued priapism. No incontinence of fæces. Pain on pressure over ninth dorsal vertebra. Rest of body normal.

Paraplegia, therefore lesion of spinal cord. No pain or spasm, therefore not outside the cord. No impairment of any sensation, therefore Gowers' antero-lateral ascending tract (conducts pain and temperature), and Goll's posterior median column (common cutaneous and muscular sensibility) not affected.

Cremasteric reflex both sides gone, but not abdominal or patellar, therefore localized affection of grey matter of cord at level of first, second, or third lumbar nerves. Paraplegia, loss of voluntary control over bladder, patellar and ankle clonus and priapism show lesion has spread into lateral tracts.

Diagnosis as to position fairly confirmed by tenderness over ninth spine. Explanation of exaggerated reflexes—Hughlings Jackson's probably best. Cerebrum constantly sending impulses down lateral tracts to restrain reflexes, cerebellum constantly sending impulses down grey matter to augment reflexes. Therefore, in this case, we must suppose white path destroyed more than grey; and hence patellar and ankle clonus and priapism (all exaggerated reflexes); but grey destroyed somewhat, hence no exaggerated knee jerk.

What was the lesion? Cannot tell whether it was absolutely sudden as it appeared in the night. Had it been absolutely sudden it must have been hæmorrhage, for it is very doubtful if embolism of cord occurs. It was probably acute myelitis (for syphilitic patients are liable to this) with hæmorrhage.

Aug. 15th. Absolute paraplegia. No clonus. Abdominal reflex absent, plantar also.

Myelitis spreading laterally, for paraplegia is absolute; upwards, for abdominal reflexes are absent; and downwards, for plantar reflexes are absent.

17th. Touch sense normal. Analgesia below Poupart's ligament. Over same area cold and hot spoons both called hot. Constipation.

Myelitis has spread laterally into Gowers' tract, for sense of pain is gone, and that of temperature imperfect. Has not spread right back, for tactile sense is normal. Constipation due to impaired conduction downwards in cord.

28th. A few days ago, incontinence of urine for the first time. Soon after cystitis, with temperature 104°. Washing out bladder with an antiseptic solution cured the cystitis.

Myelitis has spread to the destruction or impairment of the micturition centre, hence incontinence. (*Its mode of production was explained*). Cystitis was due to retention of some urine, it caused rise of temperature; washing out bladder cured it. It must be carefully guarded against, for it is a frequent cause of death in nervous diseases.

Sept. 6th. Has been most carefully nursed on a water bed, and pressure kept off the bony parts; yet there suddenly appeared a few days ago a large bleb on each trochanter. Each was preceded by a red halo, and ended in the

formation of a slough the size of a five-shilling piece. These trophic sores appeared extremely rapidly, and gradually healed. For some days past the sensation to pain has been returning in the legs.

Myelitis a few days ago was still spreading as evidenced by the characteristic trophic changes over each trochanter. Position necessary for lesion to cause trophic changes is not known (Charcot thinks grey matter around central canal). Sudden onset and absence of irritation very characteristic. (Sacrum, trochanters, and heels most frequent seats. To be most carefully treated, for they may lead to death from necrosis of bone, laying open spinal canal.) Myelitis clearing up, for sensation to pain in legs is returning.

18th. Left lower extremity can be moved a little. Plantar reflexes present. Trophic sores better. Sensation improving.

30th. Can move right leg. Has some control over bladder. Has ankle clonus on one side.

Myelitis clearing up. Descending degeneration below lesion beginning, as shown by clonus.

Nov. 16th. Moves legs well; can walk with crutches. Incontinence has disappeared. Sensation normal. Knee jerks exaggerated. Ankle clonus on both sides.

Myelitis has almost cleared up. More evidence of descending degeneration in knee jerks and ankle clonus.

Treatment.—Perchloride of mercury and iodide of potassium (this must be given in 30, 60 or 120 grain doses for nervous syphilitic disease), counter-irritants over spine, and treatment for cystitis and bed sores.

Prognosis.—In diseases of the nervous system in which inflammatory matter can be absorbed, a prognosis of complete cure must not be given, for destroyed parts of central nervous system often cannot be replaced.

(To be concluded.)

APPOINTMENTS.

GOWAN, B. CAMPBELL, M.R.C.S., L.S.A., has been appointed Medical Officer of Health for the Hendon Rural Sanitary District.

NEWNHAM, W. H. C., M.A., M.B. Cantab., M.R.C.S., has been appointed Assistant Physician Accoucheur to the British General Hospital.

RANDALL, PHILIP N., Surgeon R.N., has been appointed to Chatham Hospital.

GUY'S LONDON UNIVERSITY CLUB.

The first Smoking Concert, given by this Club, was held at the Bridge House Hotel, on Thursday, the 5th of June, Dr. Pavy, F.R.S., President, in the chair.

Besides those still at the Hospital, Residents and others, there were several old Guy's men present, so that the occasion served very well for the renewal of old acquaintances and revival of past associations. Many members of the Club were unable to attend, but owing to the number of visitors the success of the meeting was greater than previously anticipated.

The chief feature of the evening was the musical entertainment, which, as will be seen from the copy of the programme below, was of a most varied character; so much so that it would be very difficult to conceive of any individual who did not vibrate to any portion of it; even the non-musical could scarcely avoid smiling at the atrocities of the "comics."

Among so many it is extremely difficult to single out one or two for special comment, for all the performers were most heartily cheered. The Club, however, owes its best thanks to Dr. Larkin, of Grove Park, for bringing a most excellent Glee Party. Certainly smoking concerts are seldom formed in this way, and every one must have been sorry that the arrangements of the S.E. Railway Company prevented Dr. Larkin and his friends from staying until the close.

Dr. Price's "Whistling Coon" penetrated well into the recesses of the room which could certainly be said to be very well adapted for musical purposes.

Mr. Roper gave several old favourites in a charming voice, which many have heard before, and which one is only too pleased to have an opportunity of hearing again whenever occasion offers.

The comic singers of the evening were Mr. Allport and Mr. Bertie Whyte. It is not easy to imagine anything more irresistibly ludicrous than Mr. Allport's songs, they are really models of gesture language, and were worthily encored.

It is impossible to mention all the performers, but one cannot refrain from noticing Mr. Coulson, whose renderings of "Come into the Garden, Maud," and "Next Spring," were vociferously encored. It is a real pleasure to Guy's men to have such a voice among them, and one can safely predict that when Mr. Coulson is a "Resident" he will be a distinct acquisition to the "Rooms." The proceedings terminated with a vote of thanks to Dr. Pavy for his kindness in presiding, proposed by Dr. Galton, of Norwood (Treasurer), seconded by Dr. Burgess, of Streatham, and carried with the usual Guyite enthusiasm and musical honours. A second vote of thanks to Dr. Horrocks (Secretary) was proposed by Dr. Pavy in his reply, and carried in a similar manner.

PROGRAMME.

Glee ... "Strike, Strike the Lyre" *Cooke.*
Song ... "Margarita" ... ... Mr. Coulson.

Song	"Whistling Coon" ...	... Dr. Price.
Song	"The Miller's Daughter"	... Mr. Roper.
Song	"The Anchor's Weighed"	... Mr. J. Taylor.
Song	"Father O'Flynn" ...	... Mr. Wohlmann.
Glee	"Absence"	... *Hatton.*
Solo	Selections from "Paul Jones"	Mr. Cresswell.
Song	"Come into the Garden Maud"	Mr. Coulson.
(Encore)	"In Old Madrid"	
Recitation	"The Pin"	... Mr. J. Taylor.
Song	"Tinkle, Tinkle, Tum"	... Mr. B. Whyte.
Part Song	"The Happiest Land"	... Glee Party.
Song	"Sister Mary" ...	... Mr. Allport.
(Encore)	"The Same Old Spot"	
Song	"The Bedouin Love Song"	Mr. W. Dilby.
(Encore)		
Whistling Song	... ...	... Dr. Price.
Song	"Jack's Yarn" ...	... Mr. N. L. Richards
Song	"The Vagabond" ...	... Mr. F. Conelly.
Song	"Down Among the Dead Men"	Mr. Roper.
Song	"The Powder Monkey"	... Mr. Webber.
Part Song	"The Three Chafers"	... Glee Party.
Song	"Punctuation" ...	... Mr. Allport.
(Encore)	"Never no More"	
Part Song	"Banish, O Maiden"	... Glee Party.
Song	"Next Spring" ...	... Mr. Coulson.
(Encore)		
Song	"The Three Little Pigs"	... Mr. B. Whyte.

THE STUDENTS' CLUB.

The Annual General Meeting of the Students' Club was held in the Anatomical Theatre on the afternoon of Friday, June 6th, the President, A. E. Durham, Esq., F.R.C.S., occupying the chair.

A letter from Dr. Pavy was read to the meeting in which he gracefully acknowledged a letter of thanks from the Committee of the Students' Club for his gift of the gymnasium. The Treasurer then read his report, and explained that the subjoined balance sheet was dated March 31st, since which time the expenses in connection with the removal of the Club to the College had been incurred.

It was announced that Messrs. Webber and F. M. Russell had been elected by the members of the Club renting rooms in the College to represent them on the Committee. Messrs. Samways, Allport and Bryant were then elected on the Committee by the non-resident members, and Mr. Sichel was appointed Student's auditor.

The following was then moved by the Secretary, on behalf of the Committee, and seconded by Mr. Fripp: "That Bye-law No. 9 be altered to read—Smoking is forbidden in the Library; and in the Dining-hall until after 6.45 p.m." Mr. Allport moved as an amendment, "That a ballot be taken at this meeting upon the question of whether or not it is advantageous that smoking should be permitted in the Library, and that after this expression of opinion the terms of the proposed Bye-law be left in the hands of the Committee." Mr. Allport said he moved this amendment because it was a question upon which the Committee could have no reliable information beyond simple opinion, and he thought it would be a much fairer course to take the opinion of the general meeting; it could do no harm and would be more satisfactory. This amendment was seconded, and was accepted by the Committee in place of the original motion. Dr. Samways addressed the meeting, and spoke strongly against smoking being allowed in the Library. He said that it was desirable to have one room which would be free from smoke, as was usual in clubs of this kind. He said that smoking and talking went hand in hand, and that if smoking was allowed the amount of talking would also increase. He thought they ought to consider the tastes of those members to whom smoking was objectionable, and whether from the stand-point of consideration for others or from the stand-point of an exceedingly good club, there was good reason why they should refrain from smoking in every room.

In reply, Mr. Allport said that the whole question turned upon the "alleged" body of men who objected to smoking, and their feelings had been worked upon in such a manner as only Dr. Samways was capable of doing. He implored them not to be thus led away. This body of men was mythical—they did not exist, to say the most six, certainly not more; and he thought it would be absurd to attempt to legislate for a handful of men. He maintained that the principal difference between a smoking-room and a reading-room was that in the latter silence should be observed, while it was not necessary to prohibit smoking in order to secure that result. As to smoking damaging the books, he had a lot of books in his smoking-room which had lasted a long time. As to the practice of other clubs he knew at least one instance of a good club where smoking in the reading-room was not only allowed, but every encouragement given and every provision made for it. His only wish, however, was to have a ballot on the question, and then leave it in the hands of the Committee.

The ballot was taken, with the result that 33 voted for smoking and 59 against.

On the motion of Mr. Fripp, seconded by Surgeon-Major Ince (an old Guy's man and a life-member of the Club), the Chairman was accorded a hearty vote of thanks, and, in reply, addressed a few words to the meeting. After thanking the members warmly for the kind reception he always received, he said there was not time to make a speech, but he did not like to leave the Chair without expressing his strong interest in the Club and his belief that it would prove more and more beneficial to the students of the Hospital. With reference to any difficulties surrounding the organization of their new home, he felt sure that if all would work together, and cordially and courteously do their best, everything would soon be as right as could be wished.

BALANCE SHEET.

Statement of Receipts and Disbursements from September 1st, 1889, to March 31st, 1890.

1889. RECEIPTS.	£ s. d.	£ s. d.
September 1st.		
To Cash Balance in hands of Treasurer	139 6 10	
To Petty Cash Balance in hands of Secretaries	3 15 2	
		143 2 0
To Subscriptions received—		
September	28 17 6	
October	106 13 6	
November	12 18 6	
December	9 6 0	
January	5 12 6	
February	1 5 0	
March	3 2 6	
		167 15 6
To Cash per H. Millson, being rent to September, 1889 ...	10 0 0	
To Cash do. do. being rent to March, 1890	10 0 0	
		20 0 0
To Cash being amount received from sale of papers, &c. ...		1 10 7
		£332 8 1

DISBURSEMENTS.	£ s. d.	£ s. d.
March, 31st.		
By Repayment of Loan a/c ...		100 0 0
Current Expenses.		
By Cost of Newspapers and Periodicals	20 11 8	
,, Stationery	7 7 0	
,, The Matron for Cleaning Steps	6 9 10	
,, Insurance	0 6 0	
,, Cleaning & Framing Pictures	2 0 6	
,, Repairs	2 14 0	
,, Winding Clock	0 10 0	
,, Stamped Envelopes ...	0 3 6	
,, Secretaries' Petty Disbursements	0 11 2	
		40 13 8
Furniture Account.		
,, Thornet Bros.	4 1 0	
,, Gainsford & Co.	1 14 0	
		5 15 0
,, Gymnasium Fittings (old club)		8 17 0
,, Clerical Expenses		12 13 6
,, Balance carried forward ...	161 4 11	
,, Petty Cash Balance in hand	3 4 0	
		164 8 11
		£332 8 1

Examined and found correct,

C. F. WAKEFIELD.
E. W. GOODALL.

29th May, 1890.

NOTICES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Lecture Arrangements.

[*Lecture Hour 5 o'clock p.m. precisely each day.*]

Professor William Henry Battle, F.R.C.S., three lectures on "some points relating to Injuries to the Head," on Monday, Wednesday, and Friday; June 2nd, 4th, and 6th.

Professor Walter Pye, F.R.C.S., three lectures on "the Growth-rates of the Body, and especially of the Limbs, in their relation to the natural and surgical processes for Rectification of Deformity," On Monday, Wednesday, and Friday; June 9th, 11th, and 13th.

Professor John Langton, F.R.C.S., three lectures on "the Etiology of Hernia, and its bearing on the treatment of the Disease," on Monday, Wednesday, and Friday; June 16th, 18th, and 20th.

William Hunter, M.R.C.S. (Arris and Gale Lecturer), three lectures on "Ptomaines—their Nature and Actions," on Monday, Wednesday, and Friday; June 23rd, 25th, and 27th.

LECTURES AND CLINICAL DEMONSTRATIONS ON MENTAL PHYSIOLOGY FOR M.D., M.S. LOND.

By permission of the Governors of Bethlem Royal Hospital, Dr. Savage proposes to give a course of Instruction in "Mental Physiology, especially in its relation to Mental Disorder," adapted to the requirements of Candidates for the M.D., M.S. Lond. The Class will be held during the months of October, November, and a part of December; and the Instruction given will consist of one formal Lecture a week, and two weekly Clinical Demonstrations in the Wards of Bethlem Hospital.

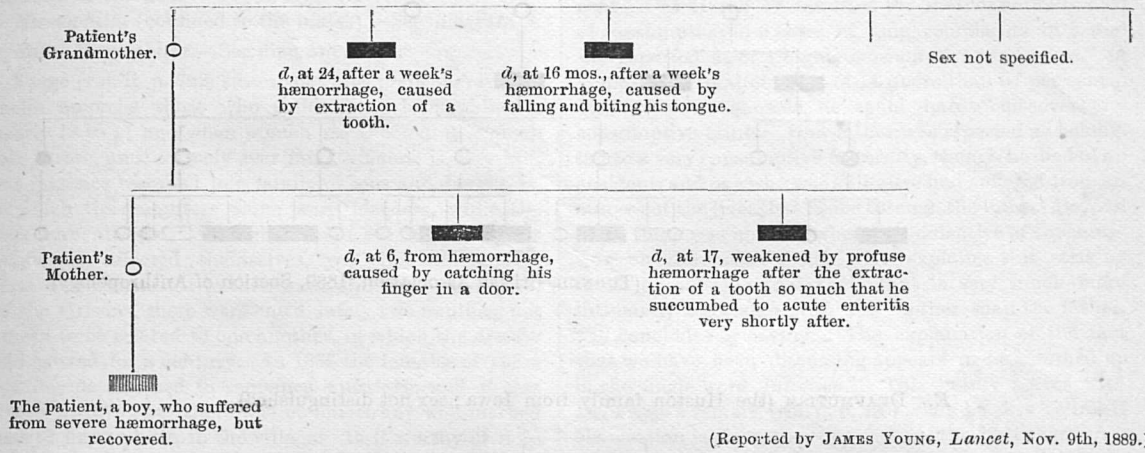
The Lectures will be delivered on Mondays at 2 o'clock in the Chemical Theatre at Guy's Hospital, and the Clinical Demonstrations will take place at Bethlem on Tuesdays and Fridays at 2 o'clock.

The Fee for the Course is 3 guineas, which should be paid at the Office of the Medical School, Guy's Hospital, S.E.

To all Guy's men these classes are FREE.

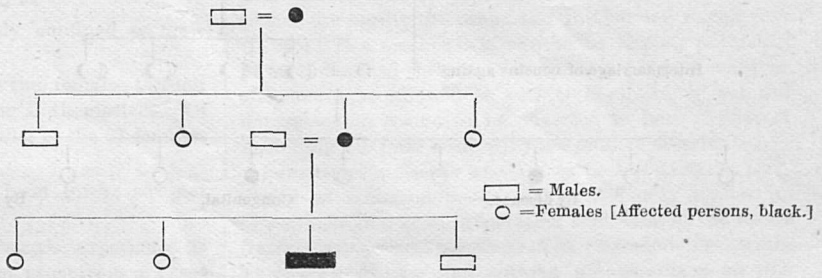
HEREDITY.

A. HÆMOPHILIA (confined to the males).


Patient's Grandmother.
d, at 24, after a week's hæmorrhage, caused by extraction of a tooth.
d, at 16 mos., after a week's hæmorrhage, caused by falling and biting his tongue.
Sex not specified.
Patient's Mother.
d, at 6, from hæmorrhage, caused by catching his finger in a door.
d, at 17, weakened by profuse hæmorrhage after the extraction of a tooth so much that he succumbed to acute enteritis very shortly after.
The patient, a boy, who suffered from severe hæmorrhage, but recovered.

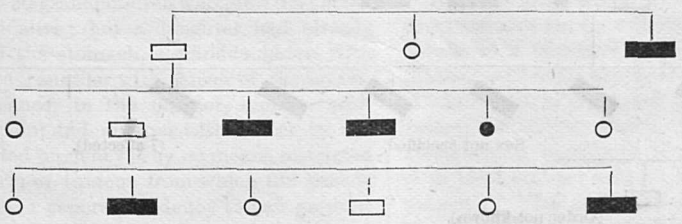
(Reported by JAMES YOUNG, *Lancet*, Nov. 9th, 1889.)

B. FATAL HÆMOPHILIA.



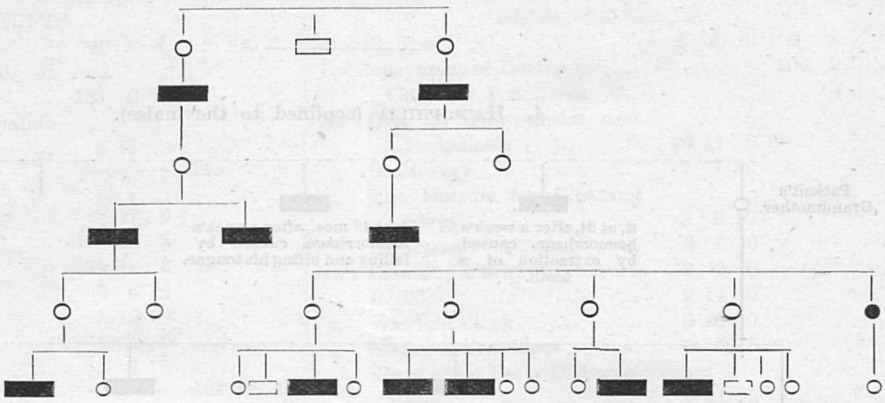
(E. SYMES THOMPSON, *Gresham Lectures*, 1889.)

C. FATAL SCARLET FEVER.



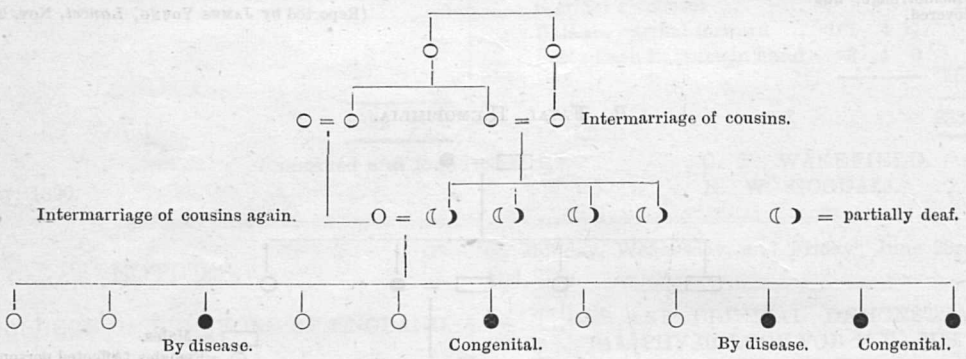
(E. SYMES THOMPSON, *Gresham Lectures*, 1889.)

D. COLOUR BLINDNESS (almost entirely confined to male line).



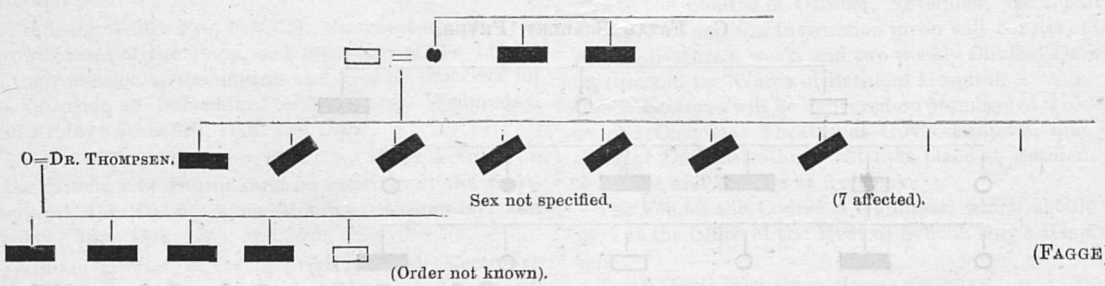
(TURNER, British Association, 1889, Section of Anthropology).

E. DEAFMUTISM (the Huston family from Iowa; sex not distinguished).



(GRAHAM BELL).

F. THOMSEN'S DISEASE.



(FAGGE).

HEREDITY.

TREASURER'S PRIZE ESSAY.

Read before the Physical Society, Saturday, Mar. 22, 1890.

(Continued.)

Turning now to morbid Heredity, though the data, as illustrated in the accompanying diagrams, prove nothing new, I think they may be considered typical of the diseases mentioned.

Hæmophilia (confined to the males).—See diagram *A*.

Fatal Hæmophilia.—See diagram *B*.

Fagge (vol. ii. p. 792) states that the preponderance of males amongst those who suffer from hæmophilia is nearly 13 to 1; and when women are affected, it is much less severe, and scarcely ever fatal. There is, however, one instance recorded in a family of sons and daughters, in which the daughters alone were bleeders, while the sons were all free. Though women are so much less frequently affected themselves, yet they are almost certain to transmit it to their male children. At Tenna, in the Grisons, there were until lately two families, not known to be related to one another, in which the disease had existed for a century. In 1855 the females of these families determined to renounce marriage, and it was stated in 1879 that there was no longer any well-marked case of hæmophilia in the village. It is worthy of note that persons with a hæmorrhagic diathesis seem to be unusually prolific, the average number of children amongst them being 9, whilst amongst the population generally it is 5.

Fatal Scarlet Fever.—See diagram *C*.

Colour Blindness (almost entirely confined to male line).—See diagram *D*.

The affection was transmitted by the females to their male descendants without developing it themselves. Of the 14 males 11 are colour blind, whilst of the 21 females there is only one affected.

Deafmutism (the Huston family from Iowa; sex not distinguished).—See diagram *E*.

Malignant tumours.—Sir Jas. Paget's experience is very striking; in his hospital days the proportion of cases in which he could trace a family tendency was 1 in 6; subsequently in private practice he made it 1 in 4, and still more recently it has become 1 in 3. Amongst his most striking cases was this (Fagge, vol. i. p. 122)—

A lady, who died of cancer of the stomach, had 7 children and about 30 grandchildren who grew up. Some of them were still alive; but a daughter had already died with cancer of the stomach, 2 granddaughters with cancer of the uterus, another with cancer of the breast, a grandson with cancer in the bladder, another with cancer in the rectum, and another with cancer in the axilla. The inherited tendency is by no means restricted to the identical form of tumour from which the parent suffers, but includes a general tendency to new growths of all kinds.

Phthisis.—Mr. Galton, in his most recent publication on the subject of Heredity (*Natural Inheritance*, p. 177), gives a table shewing some striking results as to this form of disease. He investigated 14 "severely tainted consumptive fraternities" containing 102 children in all (an average of over 7 in each, having purposely selected large families). As 102 is so near 100 he takes the actual numbers as approximate percentages. Of these children 42 per cent. died from actual consumption and 11 from various forms of lung disease, making a total of 53 per cent. Out of the 14 families, the mother actually died of consumption in 6 cases, of lung complaints in 2, and was reported as of "highly consumptive tendencies" in 1, making a total of 9 out of 14 (more than 64 per cent.). On the paternal side he could hardly discover any consumptive taints. One father was reported as belonging to a very consumptive fraternity, though he died of an accident, and one who was still alive had suffered from an abscess of the liver that broke through the lungs. Beyond these there was nothing whatever indicative of consumption on the father's side. He explains this striking result by shewing that the infant is very much more intimately associated with the mother than the father, and concludes by saying, "The explanation of the fact that we have been discussing appears to be summed up in the single word *Infection*." This hardly agrees with Dr. Fagge's remark (vol. ii. p. 229) when he says "clinical observation is altogether opposed to the idea that *infection from without* is the most essential part of the ætiology of phthisis and other tubercular diseases." However, the conditions under which the fœtus in utero, or the sucking child and its mother, and any two independent individuals, even in the same family, are respectively placed are hardly the same, and further on Fagge says (p. 255) "If a mother is known to be already phthisical or even disposed thereto, it is a grave question whether she should be allowed to suckle her children," but the danger which seems to be adverted to here is that of hastening the fatal issue with the mother herself.

Sometimes a disease appears to be not so much hereditary as consanguineous, *i.e.*, it suddenly makes its appearance in a given generation and attacks the whole fraternity or several members of it. Friedreich's disease, Thomsen's disease and asthma are examples of this (Fagge i. p. 545 : ii. p. 294). Dr. Thomsen himself and several other members of his family were subject to the affection known by his name. Though both sexes are liable to it, in this family it would seem to have had a preference for the male sex.—See diagram *F*.

Dr. Pavy gives a number of instances in which several members of a family suffered from *Diabetes*, and Roberts speaks of a family of 8 children, all of whom became diabetic, although the parents were healthy (Fagge ii. p. 726). Out of a total of 537 cases collected from the records of Guy's, Bart's, St. Thomas', and London Hospitals, a hereditary tendency was traceable in 35 (1 in 16 or 6.25 per cent.). In one remarkable case the patient's mother and seven of her brothers had died of diabetes. With respect to *Gout*, Garrod showed that

more than half his cases showed an inherited disposition, whilst amongst the upper classes he states that the proportion is considerably greater. Out of 522 patients suffering from gout Sir Charles Scudamore traced the affection to a previous generation in 322 (about 65 per cent.). In *Rheumatic Fever* different observers have found it hereditary in 25, 27 and 33 per cent. respectively of their cases in private practice.

Leprosy is undoubtedly hereditary, and Dr. Pye-Smith states that patients afflicted with it in England are usually either half-castes or persons who were born and lived in India, and one of whose parents was perhaps of mixed blood.

Dr. Whitehead traces the existence of *sycosis* through four generations in an educated family of high respectability who came under his observation. *(Hereditary Diseases, 1857.)*

(To be continued.)

HOW TO GAIN IN WEIGHT.

Albumen (*i.e.*, materials like meat, gluten, casein, white of egg, &c.) is the food which makes flesh, and a certain amount of it is made up in the system every day, no matter whether any of it is taken or not, and no matter whether work is done or not. It seems, then, that albumen is most closely associated with the vital processes, and a man will die sooner when deprived of meat than of any other food.

Now, to increase the flesh a full supply of such food as meat, gluten, &c., is absolutely indispensable, and, if it be given with plenty of fat and starchy or saccharine food, will increase the weight. In low states of disease the most useful food is meat, but as the ordinary meat-teas do not contain the nutritious part of the flesh, zymine should be employed to digest out the insoluble ingredients.

A practical question is,—Why do people who are taking a goodly amount of cod liver oil grow thin? It is because they take too little meat. To do most good, oil should be combined with farinaceous food, as butter on bread. The endurance of fat-eating people is proverbial, and no other food will yield the force that fat will. Therefore it is that in wasting diseases recourse is had to cod liver oil. Because the oil has been given as a medicine it has oftener disagreed than it would otherwise have done.

The new form of cod liver oil may be counted among the more recent medical innovations. Formerly it was the custom among physicians to prescribe this oil in emulsions. These emulsions were manufactured with alkalies, which, with essential oils, made them soapy or heavy, and, therefore, bad for the stomach. Now it is the order of the day to give cod liver oil with a food, such as malt extract, and not with drugs. Consequently, a revolution has taken place in the dietetic treatment of consumption, scrofula, &c.

The initiative of all this was the discovery that cod liver oil could be dissolved in a good malt extract, and the Kepler Solution of Cod Liver Oil in Extract of Malt is now prescribed by physicians everywhere. It will fatten where cod liver oil would do no good, and where the person does not seem to be gaining so fast as is desired, see that plenty of meat is allowed, and success is morally certain; that is to say, there will be increase in flesh and fat, consequently, gain in weight.

THE LIBRARY PRIZE COMPETITION.

We have much pleasure in announcing that the prize of TWO GUINEAS in the above competition has been awarded to Mr. D. T. Jones, who selected twenty out of the "standard" list of thirty volumes. This "standard" list will be found below, and it includes the names of the thirty books most frequently mentioned by the competitors. They are arranged according to the number of votes received. Shakespeare heads the list with 87 per cent. of votes, and he is closely followed by Darwin's *Origin of Species*, and *Pickwick Papers*, each with 80 per cent. The list is undeniably solid, containing a large proportion of historical works and essays, but this is well balanced by fiction and poetry.

STANDARD LIST.

1. Shakespeare's Works.
2. Darwin's Origin of Species.
3. The Pickwick Papers.
4. Gibbon's Roman Empire,
5. Carlyle's French Revolution.
6. Tennyson's Poems.
7. Vanity Fair.
8. Darwin's Descent of Man.
9. Motley's Dutch Republic.
10. Westward Ho!
11. Milton's Poems.
12. Byron's Poems.
13. Last Days of Pompeii.
14. David Copperfield.
15. Ivanhoe.
16. Macaulay's Essays.
17. Spencer's Sociology.
18. Adam Bede.
19. Voyage in the Beagle.
20. Through the Dark Continent.
21. Boswell's Life of Johnson.
22. Green's Short History of the English People.
23. Macaulay's History of England.
24. Grote's Greece.
25. Bacon's Essays.
26. Ruskin's Stones of Venice.
27. Sartor Resartus.
28. Mill on the Floss.
29. Jane Eyre.
30. Scott's Poems.

Passim.

The Summer Examination season has begun, and what with the Hospital Prizes, the Conjoint Board, and the London University, there will be plenty of work for some weeks to come. We hope there will be a much better competition for the Third and Fourth Years' Prizes next week than there was last year. It is all very well to say "Mr. So-and-so is sure to get the prize," but there is a glorious uncertainty about examinations as well as in cricket; moreover certificates are not to be despised.

The events of the fortnight, the Smoking Concert at the Bridge House, and the Annual Meeting of the Club, both passed off very satisfactorily. At the latter festival Mr. Allport was in great form. His speech, delivered with his accustomed vigour and native grace, was most entertaining. The details of the meeting will be found in another column.

If any of our readers have old copies of the Guy's Hospital Reports for disposal, they should communicate at once with the Medical Office, stating terms, &c.

The story about Gimbernat and the soup, alluded to in the anatomical acrostic is mentioned by Holden. It appears that Gimbernat, in showing that fossil bones contained as much animal matter as recent bones, made soup from the gelatin of the mastodon's tooth.

We congratulate Messrs. Cuff and G. B. Smith on obtaining their F.R.C.S. Eng. The latter has been appointed Resident Medical Officer to Bright Ward.

Presentation Day is announced for Wednesday, June 25th. The prizes will be distributed by Samuel Hoare, Esq., M.P. The same evening the Biennial Dinner will take place at the Holborn Restaurant; Dr. Stevenson in the chair.

In another column we give an account of the Smoking Concert of the Guy's London University Club. This Club is open to all Graduates or Undergraduates, who have entered at Guy's, and the object is to bring about a closer association between all our "London" men for the furtherance of University interests. Gentlemen who have not yet joined can do so by sending their names to Dr. Horrocks (Secretary); and those joining this year will be considered as original members.

Guy's fares but badly at the hands of the Hospital Sunday Fund, a beggarly £152 being all that they got last year out of a collection of £41,000, some £12,000 of which was contributed by South London alone! It has its friends, however, in outlying districts, witness the morning offertory at St. Andrews, Stoke Newington, given entirely to Guy's, and made up of the following curious though valuable items, viz.—

11	Cheques, value	£17	17 0
1	Postal Order	1	0 0
15	Sovereigns	15	0 0
17	Half-sovereigns	8	10 0
2	Crowns	0	10 0
21	Half-crowns	2	12 6
1	Double florin...	0	4 0
47	Florins	4	14 0
200	Shillings...	10	0 0
212	Sixpences	5	6 0
131	Threepences	1	12 9
453	Pennies	1	17 11
74	Half-pence	0	3 1
	Total	£69	7 3

Could not the authorities at some south London churches be induced to emulate the zeal and liberality of these northern folk?

Mr. J. P. Morgan, son of the late Mr. J. S. Morgan, and the Rev. Arthur Cazenove, formerly vicar of S. Marks, Reigate, were elected Governors of Guy's Hospital at the last General Court.

A HEAD BANDAGE.

The following form of head bandage—which is a development of one commonly described—will, I think, be found convenient and efficient, where a large head dressing has to be applied.

The free end of an ordinary roller bandage is placed just in front of the right ear, and the roller brought under the chin and firmly over the vertex to the starting point.

This is repeated a second time, the roller, however, being now passed forwards over the frontal eminences; and a third time, when it is carried backwards over the parietal eminences. The bandage is then led under the chin for a fourth time, and is pinned—preferably vertically—just in front of and above the left ear.

The roller is next carried nearly horizontally round the head two or three times, being kept well down on the occipital protuberance and the superciliary ridges of the frontal bone.

The bandage finally is fastened by a pin over the site of the former one, and the residue of material cut away.

Afterwards, on the left (*i.e.* the pinned side), cut through the superficial chin band about half an inch below and parallel with the inferior margin of the horizontal layers. Repeat this on the right side to the subjacent chin band, and again on the left to the third, and pull down the fourth. Then tie the free ends tightly over the vertex, the two superficial ends forwards and the two deeper backwards as shown in the figure, thus pulling on and balancing the parietal and frontal bands.

The advantages, among others, of this form of bandage appear to me to be that—

1. It almost completely covers the head. (In the figure a large black photographic cloth envelopes the head beneath the bandage.)

2. It is very firm. If properly put on the patient can be lifted up by it.

3. It is applied in one piece, and the ends are cut just the right length for tying.

4. Bandaging the chin and then relieving it, acts like a charm upon the patient's bump of gratitude.

D. W. SAMWAYS.

GUY'S HOSPITAL DENTAL DEPARTMENT.

ANALYSIS OF PRACTICAL WORK DONE FROM OCT. 1889, TO MAY, 1890.

	1889.			1890.				
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
Extractions without anæsthetics	267	295	221	334	270	303	383	390
Extractions under anæsthetics ...	83	201	69	129	255	242	161	250
Gold fillings	12	16	14	25	53	58	37	71
Other fillings ...	57	48	57	90	124	185	129	173
Scaling	3	6	10	8	5	10	9	16
Cases treated mechanically ...	6	10	11	21	14	20	15	35
Dressings	33	23	30	36	36	68	52	76
Advice	24	46	27	23	20	42	46	83
Total	485	645	439	666	777	928	832	1094

THE ANATOMICAL ACROSTIC.

The solution of the double acrostic is given below, though we feel sure that everyone must have easily discovered the familiar structure, Gimbernat's Ligament, so lightly concealed in the concluding verses. The books describe Don Antonio de Gimbernat as a distinguished Spanish anatomist and surgeon, who occupied a professorial chair at Barcelona from 1762 to 1774. Afterwards he settled in Madrid, became Surgeon-in-Ordinary to Charles IV. of Spain, and founded the Royal College of Surgery in that city. His most important publication appeared in 1793, bearing the title, "A new method of operating in Crural Hernia," and two years later it was translated into English by one Thomas Beddoes. In this is contained a remarkably accurate description of the ligament in question, that memorable structure with which some of our earliest anatomical troubles and recollections are associated. The book, too, is of great interest to the historian of surgery, who finds in it the first account of the true cause of strangulation in femoral hernia, and of the fitting operation for its relief. At that time the hernial ring was either dilated by a kind

of gorget passed between the bowel and the wall of the sac, or incised upwards through more or less of Poupart's ligament—in one case so effectively that the inguinal and femoral canals were united, the last state of that patient being worse than the first, and the operator narrowly escaping punishment through the powerful advocacy of his expert friends.

When visiting the Medical Schools in London, Gimbernat had the opportunity of meeting John Hunter. He says, in speaking of this meeting, "I explained to him my method of operating at the end of one of his lectures on femoral hernia, and I was able to demonstrate it to him and some of his pupils upon the very same dried and well prepared specimen of femoral hernia which he had just used for lecture. My pleasure was indeed great when, at the end of this demonstration, Mr. Hunter exclaimed, 'You are right, sir!'; and added that in future he should both teach and practice this method." Fancy the "distinguished foreigner" coming up after lecture to show the great Surgeon that he was wrong! But Gimbernat was a modest man, and it was Hunter's approbation that induced him to publish his method, rather than the success he had obtained for it in his practice. We act differently now-a-days, we are more enlightened, when each tiny brain bids us listen to its own infant babblings.

G	inglymus	**S**
I	lio-tibia	**L**
M	otor Oculi	**I**
B	one-formin	**G**
E	pendym	**A**
R	ectu	**M**
N	os	**E**
A	mnio	**N**
T	horacic Duc	**T**

VACCINATION.

Abstract of a paper read before the Kingston-on-Thames Debating Society, by R. CAPES, M.R.C.S., L.R.C.P.

Vaccination may be defined as the inoculation with the material of Vaccinia or the Cowpox, and must not be confused with inoculation proper.

Before entering upon the details of Vaccination I wish to say a few words about inoculation *i.e.* the production of smallpox in a healthy person by inoculating them with the matter from a person suffering from smallpox. Inoculation was first introduced into England by Lady Montagu, in 1721, her son having been successfully inoculated in Constantinople. It was first practised on six criminals who all recovered and all were released as a reward. After this it became general until Jenner's grand discovery of vaccination, which in about 1807, almost totally eclipsed the previously much used and then valuable operation of inoculation. There were many objections to inoculation, the chief being, that the inoculated persons developed smallpox more severely than those who had been vaccinated and then caught the disease; again it was a great means of spreading smallpox *e.g.* a person living in a district free from smallpox would go to an infected neighbourhood to be inoculated, returning with smallpox to his native place and so introducing the disease into a previously healthy neighbourhood. Another objection was that though the person inoculated had the disease in a somewhat modified form, yet those who caught the infection from him might develop smallpox in all its malignancy.

Jenner's attention was first attracted to the subject by hearing a woman remark that she could not take smallpox because she had had cowpox; this fact he verified in his own practice by noticing that he could not inoculate some persons with smallpox and that all these had previously had cowpox; he also found that some persons who had had cowpox could be inoculated with smallpox; to an ordinary mind the latter statement seems to be a contradiction of the former, but to a mind like Jenner's it appeared as a double acrostic and in his hands did not long remain unsolved. His solution, the result of much work and personal observation, was this—that the cow was subject to a variety of eruptions of which only one had the power of guarding from small pox, and that this eruption could only be conveyed to human beings at a certain period of its course: this eruption he named Vaccinia or true cowpox. In 1780 Jenner came to the conclusion that it might be possible to propagate cowpox amongst human beings and so protect them from the fearful ravages of smallpox; but it was not until May 14th 1796, that the first operation of vaccination was performed, and in 1798 Jenner published his first work on this subject. A year after the publication of Jenner's work, seventy of the principal physicians and surgeons of London signed a declaration of their entire confidence in vaccination; but it was not until 1807 that vaccination became popular. Its popularity was greatly enhanced by an enquiry, lasting nine months, held by the Royal College of Physicians. The report of this enquiry states "we feel it our duty strongly to recommend the practice of vaccination, and have been led to this conclusion by no preconceived opinion but by the most unbiassed judgment, formed from an irresistible weight of evidence which has been laid before us". From this period (1807) begins to date the almost universal vaccination of children of the educated classes in this country. I have entered thus fully into the details of the history of vaccination in order to show that it was not the result of chance or a mere idle thought, but that this grand discovery was only matured after about 26 years hard labour and oppressive opposition.

The advantages of vaccination are numerous. It is a great protection against catching smallpox and hence prevents the spread of that disease. At the Highgate smallpox hospital for the last fifty years the officials have, thanks to vaccination, enjoyed absolute immunity, with the exception of a temporary gardener who refused to be vaccinated; he caught smallpox and died. The same

precautions are taken at the Fulham, Homerton, Stockwell, and Deptford smallpox hospitals, with the most favourable results, hardly any cases occurring amongst the staff of these hospitals, and where cases have occurred they were mild and attended by a good recovery. These facts point strongly to the protective power of vaccination and re-vaccination; for on comparing notes with other infectious hospitals it is found that the staff do not enjoy similar protection *e.g.* during the epidemic of typhus fever 1871-80 in the London fever hospitals 2,177 cases of typhus were treated, 78 of the staff were attacked and 21 died; at Gateshead during the typhus epidemic 1882-83 the matron and all the nurses of the hospital were attacked and three of them died. Dr. Balt writing to the *Lancet* says "It may interest the public to know how completely two children were protected from smallpox by having been fully vaccinated—I was called to a club patient suffering from smallpox, having taken the disease from his wife. Seeing that the wife, then just convalescent, was nursing a baby five months old who was perfectly well, I enquired if the child had been vaccinated and on examining found well marked vaccination marks; the mother told me that a friend of hers who took the disease after visiting her, also had a baby which she was nursing and which had entirely escaped infection. I visited this case and found the child had been vaccinated satisfactorily. Another example was that of an elderly gentleman; Dr. Balt says, after ordering complete isolation I vaccinated the wife, one of the daughters, and the servant, the other members of the household having been vaccinated a few months previously. The wife, unassisted, nursed her husband. The vaccination in each case succeeded and no member of the family took the disease; it was a severe form of the disease." In the above cases we have strong proofs of the protective power of vaccination and re-vaccination.

(*To be continued*).

Sport.

GUY'S HOSPITAL ATHLETIC CLUB.

The sports were held at Balham, on May 29th. The weather fortunately kept fine, and we were favoured with a fairly good attendance of spectators, though not so many as last year. The open invitation half-mile handicap was a very good race, and the thanks of the Club are certainly due to T. J. Cooper, the Hon. Sec. of the S.L.H., for kindly framing the very efficient handicap. Of course this race was the tit-bit of the meeting. In the Club events, it will be noticed that of the flat races, Biggs won the three shorter, and Wilmot the three longer ones. These two men, with careful training, should certainly do well for us at the United Sports, on July 1st. Biggs' stride has improved wonderfully since last year. If W. G. Mitchell could only be persuaded to do a little training as well, I think Guy's would have at least a chance of winning the shield again. After these three, however, I am afraid that there is no one else on whom we could rely very much, though a month's training will undoubtedly be productive of great improvement.

The following is a brief report of the several events:—

100 Yards.—*Final heat*: 1st, T. J. Biggs, *scratch*; 2nd, H. S. Desprez, 2 yards.

Half-Mile.—1st, P. Wilmot, 20 yards: 2nd, F. Peake, 30 yards.

120 Hurdles.—1st, G. T. Birdwood, scratch; 2nd, A. W. Sheen, scratch.

One Mile.—1st, P. Wilmot, 40 yards; 2nd, C. E. Salter, 40 yards.

220 Yards.—1st, J. J. Biggs, scratch; 2nd, H. S. Desprez, 40 yards.

Putting the Shot.—1st, W. G. Mitchell (owes 12 in.), 32 ft.; 2nd, W. Macdonald (owes 8 in.), 30 ft. 10 in.

440 Yards.—1st, J. J. Biggs, scratch; 2nd, A. W. Sheen, 25 yards.

Sack Race.—1st, Barr; 2nd, J. Bryant.

600 Yards (Crocks').—1st, R. M. H. Randell, 50 yards; 2nd, P. Purnell, 25 yards; 3rd, C. D. Muspratt, scratch.

Long Jump.—1st, G. T. Birdwood, 17 ft. 11 in.; 2nd W. Macdonald, 17 ft. 2 in.

880 Yards (Open).—1st, H. W. Thomas, L.A.C., 20 yards: 2nd, J. J. Cooper, S.L.H., 30 yards; 3rd, D. H. Helps, S.L.H., 28 yards. Time, 2 min. $2\frac{4}{5}$ sec.

Three Miles.—1st, P. Wilmot, 150 yards; 2nd, F. M. Turner, 18 yards; 3rd, J. Eastment, 50 yards.

220 Yards Consolation.—C. E. Hibbard.

Tug of War.—Nisbet's team beat Allport's.

At the termination of the sports, Mrs. Taylor gracefully presented the prizes, and during the afternoon Mr. Higgens and Dr. Brailey kindly officiated as judges.

At a Committee Meeting, held on June 2nd, the following were selected to represent Guy's in the U.H.A.C. Sports:—

100 yards: J. J. Biggs; G. Sichel.
220 yards: J. J. Biggs; H. S. Desprez.
440 yards: J. J. Biggs; A. W. Sheen.
Half-Mile: P. Wilmot; F. Peake.
One Mile: C. E. Salter; C. E. Hibbard.
Three Miles: P. Wilmot; F. M. Turner.
Hurdles: W. G. Mitchell; T. G. Birdwood.
High Jump: W. G. Mitchell.
Throwing the Hammer: W. G. Mitchell.
Putting the Shot: W. G. Mitchell.
Long Jump: T. G. Birdwood.

It is to be hoped that those selected will energetically "go for" all the open events they possibly can till the United; they will find it will improve them vastly to do so, and it is the best possible means, in conjunction with careful training, to bring them to the mark fit and confident on July 1st.

BICYCLE CLUB.

On Saturday, May 31st, the G.H.B.C. had their second run. The place decided on was Thames Ditton. At three o'clock we started from Streatham Common (Greyhound). Six of the members turned up, and a most enjoyable run followed. On arriving at our destination, we went on the river for an hour, and then had tea. We reached Thames Ditton about 5 and left at 6.45. The route back was not quite the same, but we eventually found ourselves back at Streatham Common, where we dispersed. The roads were in splendid condition, and the sun not being too hot enabled us to go at a good pace. The distance covered was about 30 miles.

On Saturday, June 7th, the G.H.B.C. had their run fixed for St. Albans. Only a few of the members were present; probably this was on account of the awkward place from which we were going to start, and, it may be, some of the members preferred the demonstration in Hyde Park. The route we took going was straight from Marble Arch to St. Albans up the Edgeware Road, but the way back was through Barnet and Highgate. This was much prettier and roads better. The accommodation we had at St. Albans was far superior to that of Thames Ditton. We stayed in St. Albans about an hour, and then started for home. The first twelve miles coming back we did in splendid time, being one hour and ten minutes. The distance covered was about 44 miles.

G.H.B.C.—NOTICE.

There will be a Three Mile Handicap Bicycle Race on or about Wednesday, July 2nd, for 1st, 2nd & 3rd prizes. The conditions are:—That each competitor must be a member of the Club, and that he must have attended two Club meets before Monday, 23rd June.

Entrance Fee, 1s.

Gentlemen intending to race should send in their names to the Secretary on or before the 23rd June.

H. A. HINDS, *Hon. Sec.*

CRICKET.

GUY'S 2ND XI. v. HIGHGATE SCHOOL 2ND XI.

Played at Highgate, Saturday, May 31st; Guy's won by an Innings and 70 runs. G. M. Pratt and C. A. Ensor hit well for their runs; Wilks repeated his previous Saturday's performance, until his career was ended by a grand catch; C. A. Ensor took 13 wickets for 23 runs Score:—

HIGHGATE SCHOOL.

FIRST INNINGS.		SECOND INNINGS.	
A. D. Brown, c Wilks, b Ensor	4	b Ensor	1
S. V. Roe, b Ensor	3	c Pratt, b Ensor	0
F. B. Smith, l b w, b Ensor	1	l b w, b Pratt	7
S. S. Keene, b Pratt	16	b Ensor	0
G. B. Bennett, b Pratt	4	run out	4
S. H. Chandler, b Ensor	0	b Ensor	3
A. E. Saner, b Ensor	7	b Pratt	0
C. M. Ekins, b Ensor	0	b Ensor	0
G. E. Holme, not out	0	b Pratt	2
H. G. Scott, b Pratt	0	not out	0
W. M. Furber, b Ensor	1	b Ensor	13
Extras	10	Extras	8
Total	46	Total	38

GUY'S.—FIRST INNINGS.

C. M. Vernon, b Smith	11	C. E. Carpmael, b Smith	0
W. H. Jewell, l b w, b Bennett	1	C. A. Ensor, c Bennett, b Roe	44
H. J. E. Wilks, c Ekins, b Roe	26	E. Huntley, b Keene	1
G. M. Pratt, c Chandler, b Roe	46	H. B. Thurston, b Roe	7
R. H. Fagge, c Chandler, b Roe	5	C. Covernton, b Roe	0
		W. E. Cross, not out	3
		Extras	9
		Total	153

GUY'S 2ND XI. v. HIGHGATE SCHOOL 2ND XI.

This return match was played at Highgate on June 7th, and it clearly points out the uncertainty of cricket. For on paper we had a stronger team than on the previous Saturday, nevertheless we received as severe a beating as we gave the same opponents the Saturday before. Our men were over confident, hitting out at everything. G. M. Pratt and C. M. Vernon batted well for their runs in the 1st innings. Pratt took 6 wickets for 41 runs, and going in the 2nd innings he got 34 runs, not out. Score:

GUY'S HOSPITAL.

1ST INNINGS.		2ND INNINGS.	
E. S. Tuck, b S. S. Keene	3	c Saner, b Roe	7
C. Fagge, b S. S. Keene	5	b Roe	5
G. M. Pratt, l b w, b S. S. Keene	15	not out	34
J. Lang, c Smith, b S. V. Page	5	stumped, b Keene	1
W. H. Jewell, b S. S. Keene	5	c Keene, b Bennett	6
C. M. Vernon, b G. B. Bennett	10	did not bat.	
E. J. Budge, b G. B. Bennett	3	did not bat.	
T. Nicholson, c Bennett, b Keene	2	did not bat.	
R. H. Fagge, not out	1	not out	9
J. Moore, b G. B. Bennett	3	did not bat.	
W. Price, c & b S. S. Keene	0	did not bat.	
Extras	8	Extras	3
Total	58	Total for 4 wickets	65

HIGHGATE SCHOOL 2ND XI.

C. C. F. Hoskin, b G. M. Pratt	1	H. E. Saner, c Moore, b Pratt	12
F. B. Smith, b Pratt	9	S. S. Chandler, c Tuck, b Pratt	4
S. S. Keene, c Budge, b Pratt	8	G. Holme, c Price, b Nicholson	1
A. D. Brown, b Pratt	0	H. G. Scott, not out	0
S. V. Roe, b Tuck	23	Extras	11
G. B. Bennett, b Tuck	28		
L. Furber, b Nicholson	34	Total	131

Notice.—The moral to be learnt by the above match is that we cannot win matches unless we exert ourselves. Let us hope to have a more favourable result next Saturday.

Second eleven players, please note that the following matches have been added to the card:—

Saturday, June 28th, Forest School, at Walthamstow.
Saturday, July 5th, Wimbledon School, at Wimbledon.
Wednesday, July 15th, Dulwich College, at Dulwich.

GUY'S HOSPITAL v. SURREY CLUB AND GROUND.

This match was played at the Kennington Oval on Whit Monday, and resulted in a victory for Guy's by 114 runs. Reid's 98 was the feature of the Guy's batting. The Brothers Bettington bowled well, each being credited with four wickets in the first innings. Score:—

SURREY C. & G.—1ST IN.		SURREY C. & G.—2ND IN.	
Brockwell, c sub., b J. B. Bettington	0	c J. H. Bettington, b Lucas	56
A. Latham, b J. B. Bettington	3	c Tuck, b J. H. Bettington	2
Watts, b. J. B. Bettington	0	c Colclough, b Lucas	30
E. C. Mordaunt, c sub., J. H. Bettington	0	c Layman, b Lucas	0
Mills, c Fagge, b J. H. Bettington	2	b Reid	54
A. E. Gent, c Lucas, b J. H. Bettington	0	b Lucas	0
T. S. Tragellas, b J. B. Bettington	3	c Tuck, b Hewetson	9
H. V. Bate, c Fagge, b J. H. Bettington	32	Not out	9
Major Pochin, b Reid	6	Did not bat	0
Huish, c J. B. Bettington, b Lucas	3	Did not bat	0
Large, not out	9	Did not bat	0
Extras	27	Extras	18
Total	85	Total	178

GUY'S.—1ST INNINGS.

T. Colclough, b Watts	21	S. G. Layman, c Bate, b Huish	3
E. Reid, c Watts, b Tragellas	98	W. K. Steele, c Large, b Huish	2
C. R. Lucas, c Gent, b Brockwell	14	E. S. Tuck, b Tragellas	30
J. H. Bettington, b Watts	0	C. H. Fagge, not out	0
H. Hewetson, b Watts	0	R. H. Fagge, b Tragellas	0
J. B. Bettington, c Huish, b Brockwell	13	Extras	18
		Total	199

Births.

HUMPHREYS.—On May 17th, at Queen's Crescent, N.W., the wife of F. Rowland Humphreys, L.R.C.P. Lond., of a son.

LIPSCOMB.—On May 12th, at Starcross, Devon, the wife of Edgar R. S. Lipscomb, L.R.C.P. Lond., M.R.C.S. L.S.A., of a daughter.

POOLMAN.—On May 19th, at Abergavenny, Mon., the wife of A. E. Poolman, B.A., M.R.C.S. Eng., L.R.C.P. of a son.

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A Doubly Qualified Guy's Man, living in a healthy and bracing part of Devonshire, desires a Resident Patient, convalescent preferred. Shooting, fishing, tennis club near at hand.—Apply Dr. T., Morchard Bishop, Devon.

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Guy's Hospital Gazette,

JUNE 28, 1890.

NOTES OF TWO CLINICAL LECTURES ON TWO CASES OF MYELITIS.

Given by Dr. HALE WHITE.

(Concluded.)

CASE II.

Henry M., æt. 36, admitted February 14th, 1890, into Clinical Ward under Dr. Goodhart, and then passed under Dr. Hale White's care, for loss of power in his legs, retention of urine, and incontinence of fæces.

Family History.—No history of syphilis. Three or four years ago he was struck in the middle of the back with a pair of shears, but he did not notice any ill effects after the blow.

Present illness.—Six or eight months ago he was taken gradually with weakness of the legs, and also with numbness and coldness of the lower extremities; latterly he has been troubled with these same sensory symptoms in the arms. The paraplegia has so progressed that he cannot walk at all, nor even stand; the loss of power is not absolute, but the loss of sensation is. For the last five days he has had incontinence of both urine and fæces.

On admission.—Looks pale, abdomen prominent, some tenderness over the dorsal spines. *Motion.* Great loss of power in both legs, especially right; but in neither is it absolute. Hands and arms weak, but much stronger than legs. With dynamometer, right hand 30lbs.; left hand 29lbs. No rigidity anywhere. *Sensation.* Great loss, but not absolute, of sensation in legs, thighs, and lower part of abdomen, as far as one inch above umbilicus; localization to stimuli which he can feel is very vague. Above this level there is improvement in sensation, but it is slightly deficient as high as the first rib, and also in the upper extremities. *Reflexes.* Knee, wrist, and elbow absent. Plantar much exaggerated. Cremasteric reflexes absent. Abdominal slightly present. Incontinence of urine and fæces. Eyes, heart, lungs, and urine normal. From time to time he has jerky movements of legs.

> No pain and no spasm, therefore lesion not outside cord. Burdach's, or Goll's, or both columns affected (common sensibility and muscle sensibility go in through Burdach's and up through Goll's) as far as 10th or 11th dorsal (because of loss of sensation up to 1 inch above umbilicus), and to a less extent up into the cervical cord (because of impairment of the sensation up to and involving arms). Front part of lumbar cord implicated (incontinence shows this) causing paraplegia. Lateral columns not markedly implicated, because no spastic paraplegia, nor exaggerated reflexes. Gower's tract not affected, because no alterations to sensations of pain and temperature. Loss of power in arms points to a lesion in the anterior cornua in cervical region, but not severe for loss only partial. Reflexes variable, therefore not of much value in this case (recent experimental and clinical work shows that we must reconsider our views about reflexes). Probably this patient has myelitis in lower part of cord, with ascending degeneration in Goll's column, and a slighter local myelitis in the cervical region.

Feb. 22nd. Loss of sensation in feet and legs, and extremely impaired above this to umbilicus; less impaired up to clavicle. Where the sensation is impaired the localization is imperfect, and the latent period prolonged.

28th. Loss of sensation now considerable, up as high as third rib. Movements of arms very ataxic.

> Shows progress upwards in the posterior columns, and irregular slow increase of anterior cornual myelitis in the cervical region.

March 3rd. In much the same condition, except that all the superficial reflexes are exaggerated.

6th. The anæsthesia is now absolute as high as the umbilicus, and it is more marked in the upper extremities.

10th. For the last few days the temperature has been about 102° at night, and 100° in the morning, and he has complained much of shooting pains down the arms. The limit of absolute anæsthesia has now reached 3½ inch above the umbilicus. The hands are much weaker; the urine is acid. Plantar reflexes absent.

Myelitis now implicates the temperature nerves (there is no cystitis to explain the rise of temperature). Pain down the arms shows that the posterior root fibres in the cervical region are implicated, and the weakness of the arms shows the progress of the lesion in the anterior part of the cervical cord. The rise of the level of anæsthesia shows that the lesion in the posterior columns is increasing.

17th. Upper limit of absolute loss now at nipple. Pains in arms, which are weaker, continue. There is a deep purple patch over the right trochanter, and some sores have begun to form over the heels.

26th. Upper limit of loss of sensation has mounted to an inch above the nipple. The sore over the trochanter now consists of a dark central slough surrounded by ulceration. The other sores are better; these sores have appeared in spite of a water-bed.

April 7th. Has had a severe attack of diarrhœa. The arms are much weaker, he still complains of pain in them. There is no sign of any pupillary or diaphragmatic paralysis, the ribs do not move in respiration, which is entirely diaphragmatic. The arms are both normal with regard to sensations of heat and cold, and that part of the body which is anæsthetic can distinguish between heat and cold on the right side, but not on the left.

The bed sores (two varieties—first case showed acute variety, this the chronic) show that trophic part of cord has become implicated. The lesion in the posterior columns is increasing. The process in the cervical region is spreading, it has avoided the pupillary fibres and the origin of the phrenics; but the immobility of the ribs shows that impulses cannot pass down to the intercostal nerves. The changes in temperature sensation show that Gowers' tract on the right side is implicated, but not on the left.

14th. He has cystitis.

16th. About 4 a.m. he became much worse, and died suddenly.

Autopsy.—The cord in the lower cervical region was quite soft, such as it would be from myelitis. There was well marked ascending degeneration extending through the whole of both Goll's columns from the lower end of the cord up into the medulla. There must, therefore, have been some primary lesion in lower part of cord (as suggested by symptoms), but a long-standing myelitis that has passed the soft stage may be difficult to see with the naked eye. There was no ascending degeneration in the cerebellar tract, probably because the primary lumbar lesion was below its commencement, and the cervical lesion had not existed long enough for it to follow that. Ascending degeneration in Gowers' tract difficult to see with naked eye, because so many fibres which do not degenerate are mixed up with those which do. There was œdema of lungs. Cord reserved for microscopic examination.

EXAMINATION PAPERS.

TREASURER'S GOLD MEDALS, 1890.

COMMENTARY ON A CASE IN MEDICINE.

An unmarried girl of 19 years, of healthy stock, but living in a house the drainage of which was not all that could be desired, had typhoid fever when about nine years of age, and during convalescence a slight attack of hemiplegia, with weakness in the left arm and leg, and some paralysis of the same side of the face. Her extremities recovered, but the face has ever since been a little awry.

A year or two after this attack she had acute rheumatism, which affected her heart, but since then she has enjoyed average, although not robust health. In December last she had another attack of rheumatism, affecting her joints in a migratory fashion, which has

resisted all the usual remedies. From this attack she has never recovered, and although the rheumatic pains have subsided in the last week, the fever has been more or less continuous, although never excessive or in any way typical of any particular ailment for the five months during which the disease has lasted.

A week ago her mother thought her worse, her face being more distorted, and she complained of bad headache, and she was sick on several occasions.

There is no dropsy and no marked swelling of the joints, but there is still a little pain in one ankle. She talks in a dreamy way, although quite sensible; there is a distinct weakness of the left side of her face, most marked when she smiles or attempts to close her left eye, which she cannot by any means do. She is very deaf in the left ear, and her tongue when protruded is deflected to the left side. There is perhaps a little thickness of her speech. There is no definite difference in the grasp of the two hands, or in the movements of her legs, but she is feeble everywhere. The reflexes are normal.

The pupils are large and sluggish. The fundus oculi on both sides is excessively swollen, and the disc almost obliterated from undue injection and general blurring, the arteries are almost invisible, and the veins are large and shaggy looking; on the left side, some way from the disc, is a large hæmorrhage running horizontally across the field as well as one or two smaller ones in other parts. There is a loud apical systolic bruit; the pulse about 100, a little irregular in rhythm. The urine contained a small amount of albumin and a few casts. The abdomen revealed nothing abnormal.

Discuss the nature of this case; give your prognosis; the morbid appearances that you would expect to find; and any treatment that you would consider appropriate.

COMMENTARY ON A CASE IN SURGERY.

Mrs. J. M., æt. 33 years, a healthy looking woman, had had a fall down stairs three years before admission to the Hospital, striking the left side of the abdomen. She was laid up in bed for a week; at first with symptoms of shock, afterwards with considerable pain in the abdomen. By the end of a fortnight she was able to get about again as usual. Menorrhagia then came on; at first it was slight, but gradually it became more severe. For this she received medical attendance. The medical man, under whose care she was placed, examined her carefully both externally and per vaginam, but discovered at this time nothing abnormal. She was, however, tender on the left side of the abdomen, and she complained that the doctor hurt her, when examining externally in this region. She improved considerably under treatment, though the menorrhagia did not entirely cease.

Two years before admission she married. Shortly before her marriage she received another accidental blow on the abdomen, which gave her great pain. Soon after this, the patient noticed a lump about the size of a hen's egg on the right side of the abdomen. The menorrhagia again became worse after her marriage, and continued every three weeks with gradually increasing severity up to the time of admission.

On examination, a considerable tumour, about the size of a child's head, was found occupying the hypogastric region, and extending up considerably above the umbilicus. There was resonance in either flank. The tumour felt solid and resistant in structure, but some limited fluctuation was felt in some parts of it. The os uteri was soft and flaccid, and the mass in the abdomen moved with the os, as if there was a close connection between the two. The last menorrhagic attack had been two weeks before admission.

The patient was kept in bed under treatment for two months. During this time of rest the menorrhagia almost entirely ceased, but the tumour increased visibly in size. It remained mobile, and with otherwise much the same characters, as when first examined. The patient, however, became much worse during this time. There was pain in the abdomen, and signs of gastric irritation, such as sickness, flatulence, abdominal tension with high pulse and a temperature ranging between 99° and 102° Fahr. The vomiting became especially severe, —very much more so than at any previous time. And it soon became evident that, if the patient's life was to be saved, something more active would have to be done.

Discuss the nature of this case. State what other method of examination you might adopt to ascertain the exact state of the parts. What treatment would you advise to this patient? If any operative interference is contemplated, state its nature, and detail fully the steps of the operation, with the precautions to be adopted. State also what you would consider to be the chances of success.

SURGERY.

1. Give an account of the Enchondromata found in the human body, their site, structure, tendency to recurrence or diffusion, and their relations to other tumours; and state briefly the treatment which they may require. 2. Describe the various forms of Spina Bifida, and state the principles which would guide you in your treatment of this disease. 3. What are the conditions which may give rise to a continuance of the symptoms of strangulation after the apparent return of the bowel by taxis or operation? State briefly the way in which you would treat such cases. 4. Enumerate, and give symptoms of, the complications which may arise in Chronic Inflammation of the Middle Ear.

MEDICINE.

1. What kinds of paralysis are associated with rapid and extreme Muscular Atrophy? Enumerate their common characters and distinguish between each. 2. Describe the anatomy, origin and symptoms of Bronchiectasis. How would you treat this condition? 3. What is the best treatment (*a*) of Acute Renal Dropsy in a child of 10 years old; (*b*) of Chronic Bright's

Disease (interstitial nephritis or granular degeneration) in a man of 60? Give the *diet, drugs*, and *general management* suitable to each; and also the special treatment necessary in the event of dangerous complications arising. 4. State what you know of the etiology, physical signs, and most usual symptoms of stenosis of the mitral orifice. Compare its prognosis with that in other forms of valvular disease of the heart, and state the advice suitable for an early case.

HEREDITY.

TREASURER'S PRIZE ESSAY.

Read before the Physical Society, Saturday, Mar. 22, 1890.

(Continued.)

Inheritance at corresponding ages is sometimes very striking, as in the case of suicides referred to above. Mr. Darwin refers to a French family in which blindness was inherited through three generations, and no less than 27 children and grandchildren were all affected at about the same age; it began at about the fifteenth or sixteenth year, and ended in total loss of sight at twenty-two. In another case a father and his four children all became blind at the age of 21; in another the grandmother became blind at 35, her daughter at 19, and three grandchildren at 13 and 11. So with deafness, two brothers, and the paternal grandfather all became deaf at 40. Again, a woman died of apoplexy when 63 years old: one of her daughters at 43, and the other at 67: the latter had twelve children, everyone of whom died from tubercular meningitis.

That polydactylism and other morphological "abnormalities" are exceedingly persistent, is well known. An extensive genealogy of this nature is recorded in the *Guy's Hospital Reports* for 1881, vol. xxv., the upshot of which is that out of 80 descendants of a woman with supernumerary fingers and toes, 24, *i.e.*, 30 per cent. were similarly affected. In a paper read to the Clinical Society in November, 1887, as the result of 3 cases observed during 10 years, Mr. Lucas propounded the following conclusion:—"That the absence of a lateral incisor tooth resulting from an arrest of development is to be regarded as a malformation closely related to harelip and cleft palate, and capable of transmitting each or both of these deformities to a succeeding generation." Sometimes however Nature seems as it were, to forget herself, as in the following family history.—See diagram *I.*

In spite of both parents being deaf mutes, and come on one side at least of a family consisting practically of none but deaf mutes, five children were born, not one of whom was affected. Can this be that Law of Spontaneity, by which Prosper Lucas and others have sought to explain similar "freaks of nature"?

The name of Dr. Struthers of Aberdeen will always be associated with the supracondylar process sometimes occurring upon the humerus. In the *Lancet*, Feb. 5th, 1873, he gives an account of a family in which this striking "abnormality" could be distinctly felt in the father and 4 of his 7 children. The appearance of this process is best explained as a Reversion to a previous type, which is at the present day normal to many *carnivora*: for Sir W. Turner estimates that it occurs in 1 per cent. of recent skeletons, whilst in a large quantity of human bones belonging to the Bronze period, found in a French cave, it occurred in no less than 25 per cent.

Direct Heredity, subdivisible into—

a. The ideal case when the child may be said to take after both parents equally—of very rare occurrence.

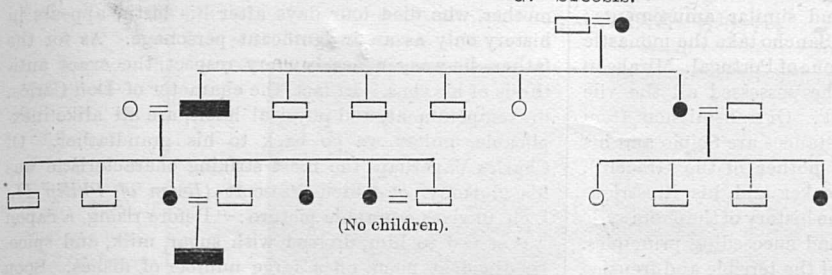
b. When the child, while taking after both parents, more especially resembles one of them; this condition may again be subdivided according as Heredity occurs (i) in the same sex from father to son, or mother to daughter, or (ii) what is perhaps more frequent, when it is transferred to the opposite sex, from father to daughter or mother to son.

It is not difficult to understand the rarity of the ideal form of heredity when we come to consider the conditions necessary for its occurrence. There must not only be a perfect correspondence between the physical and mental constitutions of the parents, but sundry other conditions of age and health are no less requisite. Thus disproportion between the ages of the parents, where it does not produce sterility, gives preponderance to the younger, and there are sundry other states more or less transitory and accidental which have been thought to influence the act of generation; for instance, nothing is more common than the intellectual feebleness of children begotten in a state of intoxication. Hence the influence of one parent will generally preponderate, and the resemblance to that parent will be more striking. But this preponderance is never exclusive, for the phenomena of Reversion show that though the influence of one parent may seem abolished it is never annihilated, but reappears in the next or some subsequent generation. "Sometimes, too, one of the parents transmits the entire physical, the other the entire moral nature. The most curious and incontestable instance of this is the case of Lislet-Geoffroy, an engineer in Mauritius. He was the son of a white man and a very stupid negress. In physical constitution he was as much a negro as his mother, he had the features, the complexion, the woolly hair, and even the peculiar odour of his race. In moral constitution he was so thoroughly white as regards intellectual development that he succeeded in vanquishing the prejudices of blood, so strong in the colonies, and in being admitted into the most aristocratic houses. At the time of his death he was Corresponding Member of the Academy of Sciences." (Ribot.)

Many instances of crossed heredity have been collected—perhaps among the most striking of those illustrating transmission from mother to son are Cornelia, and her sons the Gracchi; Catherine de Medici and her sons; Lord Byron and his mother, while the best instance of all comes from the Crusaders. Alfonso XI of Castille, famous for his religious zeal and love of warfare against

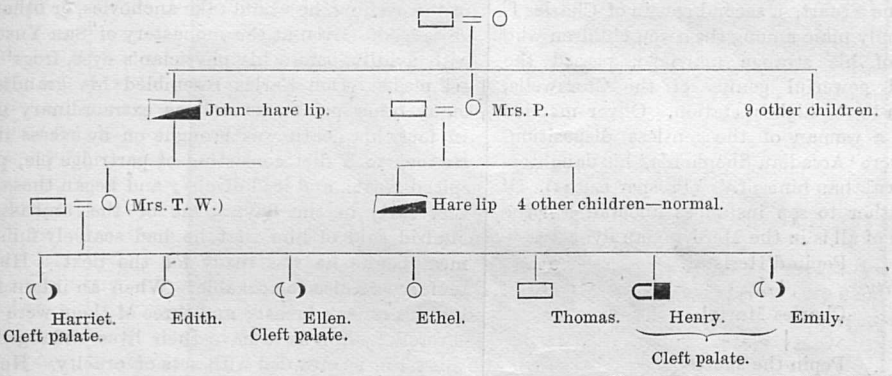
HEREDITY.

G. SYCOSIS.



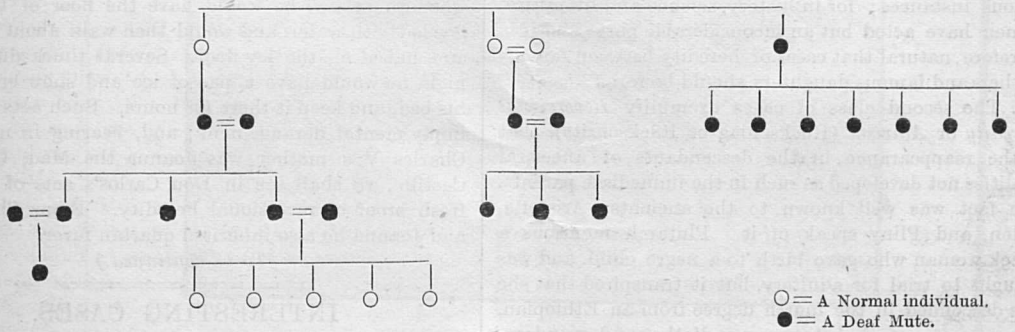
(DR. WHITEHEAD.)

H. HARE LIP AND CLEFT PALATE.



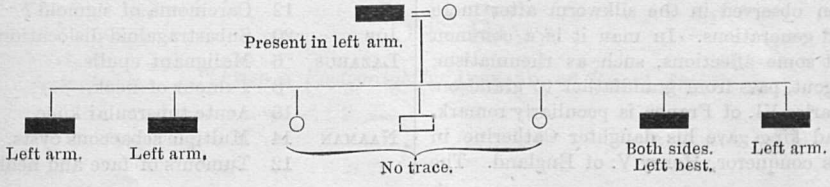
(EDMUND OWEN, *Lettsomian Lectures*, 1890.)

I. DEAFMUTISM (sex not distinguished).



(GRAHAM BELL.)

K. SUPRACONDYLAR PROCESS OF THE HUMERUS.



(STRUTHERS.)

the Moors, was the father of three daughters. Of these the first, Berengaria, became the mother of St. Ferdinand; the second, Blanche, had four sons, amongst them being St. Louis and Charles of Anjou, both ascetics who mortified their flesh continually with iron girdles, cruel scourgings, extreme fasting and similar amusements; the third, Uraca, made her son Sancho take the monastic habit, although called to the throne of Portugal. Mirabeau used to say of his son that he possessed all the vile qualities of the maternal stock. Of transmission from father to daughter the best instances are Scipio and his daughter Cornelia (afterwards mother of the Gracchi), and the French statesman Necker and his illustrious daughter Madame de Staël. The history of the Cromwells illustrates both the preceding and succeeding principles. "Robert Cromwell, grandson of the terrible and frenzied instrument of Henry VIII. in his contest with Rome, married Catherine Stuart, a second cousin of Charles I. To Oliver, the only male among the seven children who were the fruit of his strange marriage, passed the enthusiastic and powerful genius of the Cromwells, and it raised him to the highest station. Oliver married Eliza Bouchier, a woman of the gentlest disposition. His male issue were 'Arcadian Shepherds,' his daughters even more fanatical than himself." (Prosper Lucas). Of heredity from father to son instances abound, but the most remarkable of all is in the Merovingian dynasty.

Unisexual Heredity

Pepin d'Heristal.
|
Charles Martel.
|
Pepin the short.
|
Charlemagne.

Of heredity from mother to daughter there are few famous instances; for in history, science and literature, women have acted but an inconsiderable part, and it is therefore natural that cases of heredity between famous mothers and famous daughters should be rare.

2. The second class of cases exemplify *Reversional Heredity* or *Atavism* (Rückschlag or Rückschritt), that is the reappearance in the descendants of ancestral qualities not developed as such in the immediate parents. The fact was well known to the ancients: Aristotle, Galen, and Pliny speak of it. Plutarch mentions a Greek woman who gave birth to a negro child, and was brought to trial for adultery, but it transpired that she was descended in the fourth degree from an Ethiopian. It occurs frequently between grandfather and grandson, grandmother and granddaughter. Thus breeders often find an inferior type after a long time cropping up again in a stock that has been improved by repeated crossing, and it has been observed in the silkworm after more than a hundred generations. In man it is a common experience that some affections, such as rheumatism, and especially gout, pass from grandfather to grandson. The case of Charles VI. of France is peculiarly remarkable. This mad king gave his daughter Catherine in marriage to his conqueror, Henry V. of England. The fruit of that union was the weak and unfortunate Henry VI., the sad victim of the wars of the Roses.

There is a curious similarity between Charles V. of Spain and his grandson Don Carlos. The latter was the son of Philip II. and Donna Maria of Portugal. His mother, who died four days after his birth, appears in history only as an insignificant personage. As for the father, he was, in nearly every respect, the exact antithesis of his sons. In fact, the character of Don Carlos, his temperament, and physical habit, are all alike inexplicable, unless we go back to his grandfather. Of Charles V. perhaps the most striking characteristic was his gluttony, of which Prescott (*Reign of Philip II.*, i. ch. 9) gives a graphic picture: "Before rising, a capon was served to him, dressed with sugar, milk, and spice. He dined at noon, off a large number of dishes. Soon after vespers he took another meal, and for supper, later in the evening, he would take anchovies, or other strong, gross food. Even at the monastery of San Yuste he ate with avidity, before his physician's eyes, frogs' legs and eel pies." Don Carlos resembled his grandfather in many other points, as well as extraordinary gluttony. In fact, his death was brought on by excess in eating. He took to a diet consisting of partridge pie, pie crust, spiced meats, and iced drinks; and began these excesses very early in the day. One of the ambassadors at Madrid said of him that he had scarcely finished one meal before he was ready for the next. His violent temper was also remarkable. When an infant he would bite his nurse's breast; and three of them were bitten so severely by him as to have their lives endangered. His short life is crowded with acts of cruelty. He used to beat his servants; he made an unskilful shoemaker eat a pair of boots; he wanted to burn a house down because a drop of water fell from it on his head. Afterwards, when in prison, he would have the floor of his room flooded with water, and would then walk about barefoot and naked on the icy floor. Several times during the night he would have a pan of ice and snow brought to his bed, and keep it there for hours. Such acts as these imply mental derangement; and, bearing in mind that Charles V.'s mother was Joanna the Mad, Queen of Castille, we shall see in Don Carlos's acts of insanity fresh proof of reversional heredity. From Charles V. and Joanna he also inherited quartan fever.

(To be continued.)

INTERESTING CASES.

ACCIDENT	32	Concussion; aphasia; loss of memory.
MARTHA	14	Contracted knee.
	13	Cystic adenomata of thyroid.
	12	Carcinoma of sigmoid?
JOB	20	Subastragaloid dislocation.
LAZARUS	6	Malignant epulis.
	8	Tumour of neck.
	16	Acute tubercular knee.
NAAMAN	14	Multiple sebaceous cysts.
	12	Tumours of face and neck.

DR. PAVY.

[*From a Photograph by* JERRARD, *of Regent Street*].

Passim.

AMONG the events of a busy week the retirement of Dr. Pavy from the Acting Staff, and his election by the Governors on the Consulting Staff, naturally claim our attention. The presentation made by the students was a fitting mark of the respect paid to him as a clinical teacher, and of the esteem in which he is held by every Guy's man for his long services to the Hospital, and in the cause of science.

WHEN paying his last visit in the capacity of senior physician to Stephen and Mary Wards, Dr. Pavy was surrounded by a crowd of clerks and dressers and senior students all anxious to hear him, Mr. Durham himself being among the number. Twice did the procession pose before the ubiquitous camera, Dr. Pavy and the Sisters and Nurses forming the centre of the group. Then came an affectionate farewell, followed by the presentation alluded to above.

THE garden party on Wednesday was the most successful of its kind that we have had for many years. This was, perhaps, largely due to the weather, which makes or mars every outdoor entertainment in these latitudes, and, in the next place, to the goodly number of lady visitors and old Guy's men. Many of the latter were no doubt influenced by the attraction of the Presentation in the afternoon, and the Biennial Dinner in the evening. This arrangement is very satisfactory, as it enables those who attend to see so much more of the old friends, and to chat about old times.

IT is very difficult to calculate with any degree of accuracy the number of people present, but we understand that a thousand programmes were very quickly disposed of at the entrance gates of the Hospital. The new college naturally formed the great attraction to visitors, many of whom had not seen it since its completion. All the passages and public rooms were thronged, and much interest was shown in the Pavy Gymnasium, which is now practically finished.

THE Biennial Dinner determined not to be out-done by the brilliancy of the Garden Party, for a more enthusiastic or better attended meeting of old Guy's men has rarely been known. In fact the Venetian Room of the Holborn Restaurant was filled to the doors, and the easy flow of (non-alcoholic) spirits, which refused to be interrupted by speech or song, testified to the existence of an abundance of good fellowship. The list of toasts was a long one, far too long, considering that most of the speeches were inaudible at the ends of the room, and that after all friendly intercourse is the main object of the festival.

To all and sundry. The October appointment list *closes* on July 12th.

THE exhibition of new specimens in the Pathological Museum should not be forgotten. It will remain open for some days. Though there are very few of what have been irreverently called "Oh-my-gracious!" specimens, the show is by no means wanting in interest. While on the subject of specimens, we may ask whether the Public Orator at Cambridge was not having a little jest at our expense when he referred to the "bits of tosh," which surgical pathologists and others delight to hoard, as *quasi penates sui.*

THE election for the Council of the College of Surgeons will take place on Thursday next. The contest will be exceptionally interesting this time.

REVISED DENTAL PROSPECTUS.

DRESSERSHIP IN GAS-ROOM.

One Dresser is appointed monthly from amongst the Dental Students who have held the appointment in the ordinary Extraction-room for two months. He attends at 10 a.m. daily in the Gas-room and from 9 a.m.—10 a.m. examines all patients recommended for gas, and acts generally during that time as the Senior Dresser.

PRESENTATION TO DR. PAVY.

On the occasion of his retirement from the office of Senior Physician, Dr. Pavy was on Tuesday afternoon presented by the Students of Guy's Hospital with a handsome silver plate. The presentation took place in the Anatomical Theatre, and on entering Dr. Pavy was greeted with enthusiastic cheers.

Mr. Pendlebury, House Physician, made the presentation on behalf of the students, and alluded to Dr. Pavy's gift of the Gymnasium in the New College, the great esteem in which he was held by the students, the great kindness he had always shown towards them and the respect and deference with which his observations and opinions, like those of many Guy's brothers, are received throughout the whole world. He thought that to him who had worked so many years as student, teacher and physician, and seen so many generations of medical students, parting must be a very sad affair, but he certainly had the gratification of taking away with him the respect and esteem of the students of Guy's Hospital.

In reply, Dr. Pavy said, Mr. Pendlebury and Gentlemen, I have spoken before in this theatre, and I found no difficulty in speaking; but on the present occasion I do not know how to express myself. My feeling of gratitude for this tribute of respect which has been shown by the students of Guy's Hospital has quite overcome me, and has taken away from my mouth those words, which, you will understand, are in my mind to utter. You have spoken of me, and I don't wish to be spoken of in any other way than as the students' friend. (Cheers.) Why am I the students' friend? I will say because I find that in the student to make a friend of. (Cheers.) I find that in the student which I can esteem, and which my best wishes and associations have been with. It is a trial I must plainly admit to you, to sever myself as I must do from the Hospital. Nothing human is everlasting, for more reasons than one. It comes absolutely to the point that the severance must be made, but although the severance is made there is nevertheless the pangs of sorrow when the time comes for the separation. I know that it is a necessity, but still although I have fortified myself with that thought, nevertheless do I feel the pang of sorrow at the moment that the separation comes. I can only say that I shall appreciate to the highest degree this testimonial that has been presented to me. Living as I have done, associated as I have been, as a student and teacher, and physician at this Hospital for the last 43 years, the best period of my life, I may say that portion of my life in which the greatest happiness has occurred, I can truly say I have had no more happy hours than those spent at Guy's Hospital. Coming as it does from the members of an Institution that I love so much it cannot do otherwise than give me the greatest pleasure, and I can assure you there is nothing I shall cherish so much in after life as this tribute coming from the students of Guy's Hospital. (Loud applause.)

PRIZE DAY AT GUY'S.

Our Annual Festival for the Distribution of Prizes took place on Wednesday, June 25th. The weather was most favourable, and the attendance larger than on many previous occasions. The proceedings commenced with the reading of the Report of the School for the past year, by Dr. Perry, which was as follows:—

"In my report last year I ventured to remark that our prospects for the future were bright and full of encouragement. I am glad to say that our entry last October was even larger than we had anticipated. Of full students we had 85, an advance of 11 over the previous year, and our total number was 144, against 103 of the previous year, being only one short of the total recorded by the largest London school. At the examinations of the London University, the Conjoint Board, and the Royal College of Surgeons, our students have, as heretofore, acquitted themselves well, while in the final examination for the M.B. at Cambridge more men presented themselves from Guy's than in any former year, and out of 11 9 passed. Changes in our acting staff I am happy to say there are few to chronicle. Dr. Pavy, who is still with us to-day as Senior Physician, is about to retire, having reached the age at which retirement is the rule of the Hospital. Here is not the place to speak of his distinguished services to science, his high reputation as a physiologist, and a physician, his devotion to his school and Hospital. Others with fuller knowledge than myself can speak more adequately on these heads, but I may at least mention that the fine gymnasium which you will see to-day in the College is due to his generosity. The Pavy Gymnasium, for so it is to be called, will doubtless preserve a grateful recollection of its founder in the minds of many who are but slightly interested in the glycogenic functions of the liver. In consequence of Dr. Pavy's retirement Dr. Hale White has become Physician, and Dr. Washbourn has been appointed Assistant Physician, his place as Demonstrator of Anatomy is to filled by Mr. A. D. Fripp. Of the College I shall say no more than that 42 men are now living in it, the total accommodation being for 58, and the rooms are already being rapidly taken for next October. Of the Dental School, as being less generally known, I may say more. Last year at the date of our prize distribution the conservation room was just completed, and the Dental Staff appointed. The School was opened in October of 1889 with six students, and the work done

has steadily increased. During the winter an excellent laboratory was built by the Governors, and fully equipped, and a curator has been appointed. Additional accommodation was also found necessary for the patients requiring nitrous oxide gas, and the Treasurer has arranged for a separate waiting room for female patients in the Out-Patient Department. Since the opening of the School, the Royal College of Surgeons has made a considerable alteration in the curriculum for the L.D.S., which now practically includes all the subjects of the second Conjoint Examination. Five new Dental Students entered at the beginning of the Summer Session, and additional operating chairs have been set up for their use. The number of patients has so rapidly increased that more than one thousand dental operations were performed last month. I should add that the Dental Department of Guy's Hospital has received the formal recognition of the Royal College of Surgeons as a complete School of Dentistry. Of the examinations held in our own school the results are in your hands. The competitors this year have been more numerous than last year, though the entry is still smaller than could be wished. In conclusion, I must express the great pleasure it gives to the Medical Staff that the prizes should to-day be distributed by one who is himself the donor of one of our most important prizes, and an active member of the Governing Body, a body which has ever shown, through the Treasurer, the keenest interest in everything that tends to further the welfare of the great Medical School attached to this Hospital.

S. HOARE, Esq., M.P., had kindly consented to present the prizes to the Students, and, before doing so, gave a short address. He said it did not often happen that the members of the School came in contact with the Governors, but they must not therefore suppose that they were not deeply interested in their success, and in the welfare of the School. When Guy's men gained honours, they, as Governors, were equally as proud as were the men themselves. When he looked at the Prize List, he could not help thinking that in it there were two problems that received solution. They had heard that hereditary legislation was a mistake; but here they had an instance of hereditary science, as one of the distinguished members of the Staff was father to one of the prize winners. The other question was Imperial Federation. He thought there was a grand mark of how the Colonies and ourselves were bound together in the fact of our Colonial brothers coming over to join our Schools, and he was pleased to notice that several of those mentioned on the Prize List came from the Colonies.

The honour of the Hospital was in the hands of all those who went forth from the wards, and not only with those who had gained prizes. It was through the main body of the Students that the Hospital upheld its honour, and, although they congratulated the prize winners, they did not forget their less fortunate brothers. He then alluded to the new College, and said that, had it not been for the support which the Governors received from the Medical Staff, the College would never have been built; and he concluded by saying that he wished well to every single Student, who, though he had not gained a prize that day, might yet win a prize in the hearts of those with whom he might afterwards work.

The Medals and Prizes were then distributed.

The Treasurer's Gold Medal for Clinical Medicine.—Arthur Ellis Durham, London; John Henry Bryant, Ilminster, *Proxime accessit.*

The Treasurer's Gold Medal for Clinical Surgery.—Frederick William Hall, Sydney.

Gurney Hoare Prize for Clinical Study. — Robert Devereux Mothersole, Colchester.

Beaney Prize for Pathology.—John Fawcett, Westgate-on-Sea.

Golding Bird Prize and Medal.— Thomas George Stevens, Newington Green.

Michael Harris Prize for Anatomy.— Robert Henry Ritchie, New South Wales.

The Arthur Durham Prizes for Dissection,—(First year's Students): Henry William Collier, Peckham, S.E. (Second year's Students): John Beresford Leathes, Rochester.

Fourth Year's Students.—Bertram Whewell Hogarth, Morecambe, First Prize, £25; John Henry Bryant, Ilminster, Second Prize, £10; Harold Hodgson, St. John's Wood, Certificate.

Third Year's Students.—Alfred Theodore Rake, Fordingbridge, First Prize, £25; Thomas Holmes, Lancaster, Second Prize, £10; Thomas Benjamin Phillip Davies, Milford Haven, Certificate.

Second Year's Students, 1889.—Alfred Theodore Rake, Fordingbridge, First Prize, £25; Thomas Holmes, Morecambe, Second Prize, £10; Edward Thomas Ernest Hamilton, Dulwich, Certificate; Arthur Mantell Daldy, Romford, Certificate; Charles Caldwell Elliott, Wynberg, Cape Colony, Certificate; Thomas Benjamin Phillip Davies, Milford Haven, Certificate; Tom Robinson Taylor, Methley, Certificate; Harry Bacon Wilkinson, Southport, Certificate.

First Year's Students, 1889.—Robert Henry Ritchie, New South Wales, First Prize, £50; Frederick Gowland Hopkins, Enfield, Arthur John Sharp, Bromley, Kent, equal £12 10s. each; John Beresford Leathes, Rochester, Certificate; William John Johnson, Shefford, Certificate.

Open Scholarships in Arts.—William Sampson Handley, Loughborough, 100 Guineas: John Robert Steinhaeuser, Brighton, 50 Guineas.

Open Scholarships in Science.—John Alexander Howard, Canonbury, 125 Guineas; Arthur Henry Leete, Wellingborough, 50 Guineas.

A vote of thanks was proposed by the Treasurer to Mr. Hoare for his kindness in coming to distribute the prizes, and was seconded by Dr. Pavy and Mr. Durham. The Chairman briefly replied, and the meeting terminated.

The Wards, Museums, School Buildings, College, and Chapel were open for inspection, and refreshments were

provided in the Dining Hall and in the Park. The Hospital and grounds looked their very best, and with the bright sunshine, the brilliant company, the excellent music of the Police Band, and the strawberries and cream, scored what may certainly be called an unprecedented success for this annual entertainment.

THE BIENNIAL DINNER.

The Guy's Hospital Biennial Dinner took place at the Holborn Restaurant, on Wednesday, the 25th, at 7 p.m. Dr. T. Stevenson occupied the Chair, and the company consisted of past and present students and their guests, about 220 all told. After dinner had been served, and the National Anthem sung, the Chairman proposed "The Army, Navy and Reserve Forces," to which Surgeon-Major Ince responded at some length, commenting in favourable terms on the Medical Staff in the Army. The next toast, "Prosperity to Guy's," was proposed by Dr. Pavy. He felt sure that there was no one there who did not wish prosperity to the Hospital, which depended to a great extent on the prosperity of the School. The School and Hospital in their work were inseparably connected, and, judging from the cheerfulness and flow of spirits that evening, both were in a prosperous condition. It was well known that Guy's Hospital was an offshoot from St. Thomas's, but he thought the offspring had outgrown the parent. They had passed through many financial difficulties, but were now in a very prosperous condition, and he was sure that the Medical School had not failed, and would not fail in future in contributing to this prosperity.

In replying to this toast the Treasurer spoke of the great pleasure it always gave him to meet, at the Biennial Dinner, so many of the past and present students of Guy's Hospital. It showed the great bond of unity that existed between them. Speaking of the New College, he reminded the students that, though they might prefer the luxury of private lodgings, still, if they wished to fight their way to the front they must exercise self-denial, so long as it assisted them in the better performance of their work. He had to thank Dr. Pavy for the kind manner in which he had proposed this toast, and hoped that although he had retired from active service he would still visit the Hospital, and he was sure he would receive a hearty welcome from every one there.

The Chairman, in proposing "Prosperity to the Medical and Surgical School attached to Guy's Hospital," said that the outside public failed to recognise—and rightly so — any distinction between the School and Hospital. The School could not exist without the Hospital and the Hospital would soon degenerate without the School. He then referred to the prosperity of Guy's both as regards the high positions taken by the students at various medical and surgical examinations, and also as regards numbers, and to the great advances that had recently been made in medical Science.

This toast was replied to by Dr. Pye-Smith.

The next toast was "The Consulting Staff," proposed by Mr. Howse, and replied to by Dr. Wilks, who said he found himself in a difficulty in having to answer this toast, as he did not know what a consulting physician was. He was one of the Consulting Staff, but did no consulting. They got all the praise for doing nothing. He thought "honorary physician" would be a much better phrase. He then referred to the great revolution that had taken place in the working of Guy's Hospital within his recollection, and was sure that it had a grand future before it.

Mr. Davies-Colley then proposed "The Givers of Prizes," mentioning the names of the Treasurer, Dr. Beaney, Mr. Durham, Mr. Hoare, and others. Mr. Hoare replied, and said he only wished there were a great many more donors of prizes. In giving a prize he considered he was only doing a duty, and a very pleasant duty. He was glad to hear from those so deeply interested, that Guy's Hospital was in so prosperous a condition.

"The Past and Present Student's of Guy's Hospital" was proposed by Mr. Durham who thought that this was *the* toast of the evening. It was to themselves, and not to themselves alone, but to all those who were dear to them in thought and presence, in hopes for the future, and in the memory of the past. He was sure that every Guy's Student would hold dear such names as "Astley Cooper," "Richard Bright," and "Thomas Addison." Speaking of Thomas Guy, the founder of the Hospital, he said that the endowment which he invested in land for the maintenance of the Hospital had yielded not money but men, and these men had spread themselves over the whole world; Guy's men were to be found everywhere. Guy's was the first school in London in which a Student could begin and finish his medical course. Speaking of the Dental School, he said there was every reason to believe that the Dental Department of Guy's would prove a great success. Dr. Galton replied for the Students of the Past, and spoke of the achievements of the men in his year, setting it up as an example to the present Students. Mr. Norburn replied to the toast on behalf of the Residents, and pointed out the cordial relations that existed between the students and the staff, and said that it was the earnest desire of all that such relations should ever exist. Mr. Holman also acknowledged the toast.

The speeches were pleasantly interspersed with songs and glees; altogether a most enjoyable evening was spent, one on which we may look back with pleasure for many days to come.

A newspaper was prosecuted for libel the other day owing to a well-known medical man having been described in the account of an accident as having first carefully felt the injured man's purse and then prescribed for him.

Only one subject sets all men at unity,
On one they talk on equal terms together,
Theme that e'en fools can handle with impunity—
The weather.

—*The Malrburian*.

APPOINTMENT LIST.

Obstetric Residents.—Messrs. J. W. Russell (July); C. Spurrell (August); W. J. Scott (September).

Surgeons' Dressers.—Messrs. E. H. Baldock, W. Carling, A. C. Elliman, B. W. Hogarth, H. Hodgson, V. J. Hodgson, J. W. F. Jewell, D. T. Jones, E. G. March, W. G. Rogers, D. W. Samways, W. K. Steele, T. G. Stevens, A. Thomas, J. M. Thorne, F. G. Vickers, F. Wellford, W. Winslow, A. S. Wohlmann.

Clinical Assistants.—Messrs. E. S. Blaker, H. W. Webber, J. Young, W. S. M. Smith, F. G. Swayne, D. S. Long.

Dressers in the Eye Wards.—Messrs. H. W. Whyte, F. D. Lumley (Mr. Higgens, July); C. G. Roberts, (Mr. Brailey, July).

Throat Department.—Messrs. F. S. Wood, J. S. Richards, J. H. Bryant.

Dental Surgeon's Dresser.—Mr. J. S. Sewill.

Aural Surgeon's Dresser.—Mr. C. N. Graham.

Obstetric Ward Clerk.—Mr. J. C. Bates.

Assistant Physicians' Clerks.—Messrs. S. J. Roberts, T. D. P. Davies (Dr. Pitt); H. B. Wilkinson, E. H. Cartwright (Dr. Perry); C. B. Braithwaite, A. T. Rake (Dr. Shaw).

Medical Ward Clerks.—Messrs. A. Reeves, A. T. Jago, R. Gillbard, C. E. Salter, S. Sichel, W. T. B. Donnelley, T. R. Taylor, C. M. Fleury, C. E. Moffatt, A. W. Sheen, A. M. Daldy, E. T. E. Hamilton, G. Pinder, C. G. F. Morice, H. E. Durham, J. E. Coulson.

Assistant Surgeons' Dressers.—Messrs. J. R. R. Pollock, F. W. Wilson, E. G. Evans, F. P. S. Cresswell (Mr. Golding Bird); J. H. Muncaster, C. E. Pollock, V. H. Barr, J. R. Thomas (Mr. Jacobson); W. Colclough, C. C. Elliot, W. H. Dixon, T. H. Evans (Mr. Symonds), C. B. P. Spencer, H. Bolus, J. J. Browne, A. M. Daniel, (Mr. Lane).

Surgical Ward Clerks.—Messrs. E. Huntley, S. G. Floyd, T. D. Lister, W. Bligh, S. Croneen, A. M. Jones, J. J. E. Biggs, J. H. Compton, E. E. W. Roe, J. W. H. Eyre, W. Poole, A. L. Roper, H. C. Sharp.

Assistant Surgeon's Clerk.—Mr. R. H. Hayes (Mr. Lane).

THE COLLEGE LIBRARY.

FIFTH LIST OF DONATIONS.

Amount already advertised	£184	18	0
C. E. Groves, F.R.S.	2	2	0
C. Higgens, Esq., F.R.C.S, ...	2	2	0
J. Wightman, Esq., Edinburgh	1	0	0
G. O. Richards, M.R.C.S.	0	10	6
M. F. Hopson	0	2	6
W. E. de Korte	0	2	6
E. Reid	0	2	6
N. L. Richards	0	2	6
D. W. Samways	0	2	6
W. K. Steele	0	2	6
T. G. Stevens	0	2	6
F. T. Troughton	0	2	6

GLYCERINE SUPPOSITORIES IN CONSTIPATION.

DR. JULIUS ALTHAUS (*British Medical Journal*) recommends glycerine as an application in chronic constipation, an evacuation generally taking place within a few minutes.

Dr. Carl Ullman (*Centralblatt für Therap.*) describes an exhaustive research into the action of glycerine as a purgative. Mixed with water, glycerine enemata were frequently attended with failure in chronic constipation. When pure glycerine was administered, and the cases selected were those in which constipation had existed for at least two or three days, the maximum duration being twelve days, 226 applications were altogether given and the results noted separately. Painful sensations, during stool, were complained of by only five patients, three of whom were suffering from internal inflammation.

Glycerine is serviceable where for any reason a rapid evacuation from the lower part of the bowel is indicated.

The action of glycerine as a purgative is due to the hydroscopic property it possesses. Water is drawn from the mucous membrane of the rectum, circulation is promoted, the lower part of the intestine is moved, peristalsis or intestinal movement is set up, and action ensues generally ten or fifteen minutes after the introduction of the suppository. The larger the accumulation of matter the more effectual is the remedy. Glycerine suppositories are a general remedy for constipation in the children's hospitals. The best suppositories are filled with pure glycerine, whereby all smarting frequently caused where the membrane is very sensitive, is obviated by the emollient property of the combined fats, and the complete action of the glycerine is ensured by the absence of gelatine or other deterrent excipient.

Constipation may be attributed to three causes, *mechanical obstruction*, *deficient peristaltic action*, *deficiency of secretion*, particularly of bile. The first may arise from a number of causes, the habitual neglect of the act of defæcation, either from want of time, the continued use of astringent articles of diet, or of tea and coffee in excess, sedentary habits, especially connected with mental work. A number of persons are predisposed to constipation, particularly those of a lethargic temperament, where the bowels are habitually confined. A glycerine suppository applied regularly each morning will promote action at a specified time. Sometimes the excreta accumulate to a large amount in hardened scybala, and in such cases the glycerine appears to act with most marked benefit.

Should the constipation be due to lack of bile secretion, the Tabloids of Cascara, Euonymin, and Nux Vomica are indicated in addition to the continued use of the glycerine suppositories. The suppositories prevent the irritating passage of hardened matter, consequent irritation, hæmorrhage and piles. Simple enemata were originally recommended. These were not always convenient to administer, and the morning injection of soap

and water was neglected owing to want of time and other considerations. The advantages of the glycerine suppositories are therefore summed up as follows :—

1. They are, owing to their conical form, easily administered.
2. They are of uniform manufacture, therefore reliable.
3. They are portable.

The only suppositories fulfilling all the conditions just enumerated are those prepared by Burroughs, Wellcome & Co., of London.

Sport.

LAWN TENNIS.

INTER-HOSPITAL CUP TIES.

Played at Chiswick Park. First Round.—Guy's beat London, on Wednesday, June 18th, by 4 matches to 2, 10 sets to 5, 73 games to 57.

SINGLES.

H. G. Biddle (G.) beat A. St. Ledger (6—1, 6—4). D. Fuller (G.) lost to A. R. Walters (7—5, 3—6, 3—6). W. H. Fisher (G.) beat C. Collier (6—2, 6—3). Matches 2—1.

DOUBLES.

Biddle and Fisher (G.) lost to St. Ledger and Walters (2—6, 6—1, 3—6). Fuller and J. E. Coulson (G.) beat Collier and ——— (1—6, 6—2, 6—1). W. E. Sturges-Jones and C. R. Colley (G.) beat H. C. Barnes and E. French (6—4, 6—4). Matches 2—1.

Second Round.—Guy's beat Charing Cross, on Thursday, June 19th, by 6 matches to love, 12 sets to 0, 73 games to 17.

SINGLES.

H. G. Biddle (G.) beat J. Newton (6—2, 6—0). D. Fuller (G.) beat A. Denny (6—2, 7—5). W. H. Fisher (G.) beat G. T. Bishop (6—0, 6—4. Matches 3 - 0.

DOUBLES.

Biddle and Fisher (G.) beat Newton and W. Escombe (6—2, 6—0). Fuller and J. E. Coulson (G.) beat Bishop and E. R. Bull (6—2, 6—0). W. E. Sturges-Jones and C. R. Colley (G.) beat Denney and A. E. Hancock (6—0, 6—0). Matches 3—0.

Final.—On Friday, June 20th, Guy's made a very close fight with St. George's for the Cup, only being beaten by 2 sets. Guy's lost to St. George's, holders, by 3 matches to 3, 6 sets to 8, 60 games to 70.

SINGLES.

H. G. Biddle lost to E. W. Lewis (St. G.) (3—6, 2—6). D. Fuller lost to A. Walker (St. G.) (3—6, 2—6). W. H. Fisher beat G. C. B. Hawes (St. G.) 5—7, 6—2, 6—1). Matches 1—2. Sets 2—5.

DOUBLES.

Biddle and Fisher beat Lewis and Hawes (St. G.) (6—4, 0—6, 6—2). Fuller and J. E. Coulson lost to Walker and E. Le C. Lancester (St. G.) 2—6, 2—6. W. E. Sturges-Jones and C. R. Colley beat R. F. Bury and H. Connop (St. G.) (11—9, 6 - 3). Matches 2—1. Sets 4—3.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. WELLS MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

A Doubly Qualified Guy's Man, living in a healthy and bracing part of Devonshire, desires a Resident Patient, convalescent preferred. Shooting, fishing, tennis club near at hand.—Apply Dr. T., Morchard Bishop, Devon.

A medical man, living within 20 minutes' walk of Guy's (tram fare 1d), has large sitting room and double-bedded room to let to two students. Terms 50s. per week including board. No extras, except washing of personal linen.—Apply to Q, c/o Mr. Wells, the office, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

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PRACTICE for disposal in New Zealand. Income between £600 and £700 per annum. At present held by an old Guy's man. Full particulars as to fees and locality may be obtained on application to Mr. Wells, Medical Office, Guy's.

TO LET.—FURNISHED APARTMENTS.—Good bed and sitting rooms. Terms moderate. Five minutes from Norwood Junction. Good train service to London Bridge. No other lodgers.—Apply E. A., 47, Penge Road, South Norwood.

WANTED by a trebly qualified Guy's man, aged 27, a small country practice or partnership. Four years' experience in general practice.—Apply B. H., care of C. H. WELLS, Esq., Medical School, Guy's Hospital, S.E.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

JULY 12, 1890.

THE PATHOLOGICAL MUSEUM.

THE annual exhibition of new specimens added to the pathological museums is now a well-recognised occurrence at most of the large medical schools. For several years past this has been so at Guy's, and it has become one of the features of our annual summer festival. All the specimens in this year's collection will repay a careful examination, but a few may be selected as specially worthy of comment.

1519[66] and 1519[67] are examples of ruptured vessels, and have many points in common. The clinical history in each case was that of an obscure swelling situated deeply in the upper part of the calf of the leg. Dissection showed that the swelling was due to extravasation of blood from a ruptured vessel among the deep muscles, thus forming a false aneurysm. The cause of the rupture could not be demonstrated, but in each case there was evidence of cardiac disease, and it seemed probable that the rupture was in some way related to embolism. It has long been known that plugging of a vessel may lead to an aneurysmal dilatation, and our museum is particularly rich in such specimens; but in the cases under consideration, the inflammatory softening of the wall of the vessel has been followed by rupture rather than dilatation. A good review of this subject, with an illustrative case, will be found in a paper by Messrs. Langton and Bowlby in the *Med. Chi. Trans.* vol. LXX.

1852, is a remarkable specimen of congenital occlusion of the colon, opposite the splenic flexure. It will be seen that there is merely a thin septum between the dilated bowel above and the contracted portion below, and that there is no appearance of ulceration or compression from without, nor was any abnormal relation of parts discovered at the autopsy. The explanation of this condition is by no means clear, for, with the exception of the rectum and the cæcum, the large intestine is very rarely affected by congenital malformations. In the small intestine congenital occlusion occurs at two well-known sites, the entrance of the bileduct and the origin of the diverticulum ilei or vitelline duct; and examples of these malformations are already in the museum. It is supposed that in these instances the occlusion is due to "excessive closure" of the tubes—in the one case the vitelline duct, and in the other the hepatic duct from which the liver is partly developed—where they communicate with the intestine, the obliterative process including the intestine at the same time. Such an explanation, however, cannot be applied to the colon, as in the present instance; so the pathology of this malformation requires further investigation.

2352[5], a cyst of the Testis, is worthy of mention for two reasons, firstly as a congenital cyst of exceptional size, and secondly in that the remnants of the glandular tissue of the testis probably became the seat of a malignant growth. The cyst apparently took origin in the hilum of the testis, partly because it was situated behind the body of the testis, and contained columnar ciliated epithelium, and partly because of its long duration, "as long as the patient could remember." It is characteristic of such cysts that the remnants of the body of the testis form part of the wall of the cyst, as in this case. But a point of further interest is that these glandular remnants are invaded by a rapidly degenerating, round celled sarcoma, and at the autopsy an enormous growth, having precisely similar characters, was found in the right iliac fossa, extending halfway down the thigh. In spite of the disproportion in size between the iliac and scrotal tumours, it is probable that the former was secondary to the latter. It may be noted in passing, what a tendency tumours of the testis, especially sarcomata, show to central degeneration, caseation, hæmorrhage, or even extensive necrosis. Is not this due to early invasion of the arteries, and obstruction of their calibre, rather than to interference with the venous return?

There are several additions to the laryngeal section, foremost among which is the specimen of epithelioma of the larynx (3072*b*), successfully removed by operation. The patient recovered from the operation, and was able to speak with a fairly strong voice: he remained well for some months, but ultimately died of recurrence of the growth.

The three specimens illustrating different causes of intestinal obstruction should be examined; and among the osteological series the most remarkable are:—(1018) acute necrosis of the posterior arch of the atlas, resembling in its rapid course and pyæmic termination, the familiar disease in the long bones; (1041[81]) pyæmic necrosis of the sternum in an infant set up by suppuration along the umbilical vein; and (1097[5]) an extensive condition of caries of the scapula with suppuration, which necessitated the removal of the greater part of the bone.

CURIOUS CASE OF MALINGERING.

A.B. aged 18, a respectably dressed country came to the Dental Department on Tuesday, June 17th, referred from the Surgery, with a prominent enlargement as big as a small orange occupying the right cheek, which was intensely red and covered with a vesicular eruption.

The information obtained from the patient, and from her friend who accompanied her, was to the effect that the swelling commenced eleven weeks ago and had increased in size. Hot linseed meal poultices had been applied frequently.

Upon external examination the swelling was found to be smooth and hard; the absence of heat was noted. It had not the appearance of an alveolar abscess, but more nearly resembled a dentigerous cyst.

Patient complained of great pain upon the slightest pressure and professed utter inability to open the mouth. After a time however, she was persuaded to open it to a slight extent, and on the cheek being retracted, a greyish brown mass was seen in the buccal sulcus, not altogether unlike a large slough.

On taking hold of this with a pair of conveying forceps it proved to be of a fibrous nature and trickery was at once suspected. She was politely handed a spittoon and requested, also politely but firmly, to eject the foreign body. This she refused to do, and relapsed into a sullen mood.

It occurred to the dental surgeon that perhaps the quietude of the laboratory would have a solacing effect upon her; so she retired into its seclusion, where after the lapse of nearly half-an-hour, she yielded to the combined authority and persuasive eloquence of the conservation room nurse, and removed the cause of her self-inflicted trouble, viz. a quantity of cotton wool and rag, which she could not be induced to surrender; otherwise it might have proved an interesting addition to the already large number of specimens contained in the museum of the dental department.

MONTAGUE F. HOPSON.

THE MODEL PHYSICIAN.

"Whoever, in knowledge of natural phenomena, in mind and character, is a model man, he is the physician as he will be. There is on earth nothing greater and more beautiful than man: he is the hardest and most difficult exercise for thought and hands; his birth and death, his life and his afflictions, all are in the highest sense remarkable and impressive. Sharp eyes and delicate ears must thou bring with thee; great talents of observation and patience; and further patience to learn endlessly; a clear critical head, with iron will, which strengthens in need, and yet a warm sympathetic heart, that shares and feels every woe; the support of religion and moral earnestness which rise above worldliness, gold, and fame, added to a pleasant address, suavity in discourse, and proportion in thy fingers, health of body and soul, all this must thou have if thou wouldst not be an unfortunate or bad physician; thou must bear the camel load of omniscience, and preserve the freshness of the poet. Thou must counterbalance all the arts of quackery, and thereby remain an honest man; medicine must—to this all tends—be thy religion, thy politics, thy misery and thy joy. Wherefore advise no man to become a physician! Should he wish it, warn him off forcibly and earnestly; but wishes he notwithstanding, then give him thy blessing, insomuch as it is something worth; he can use it." — From Sonderegger, quoted in *Philadelphia Medical and Surgical Reporter*.

THE COMMENTARIES IN THE EXAMINATION FOR THE TREASURER'S GOLD MEDALS.

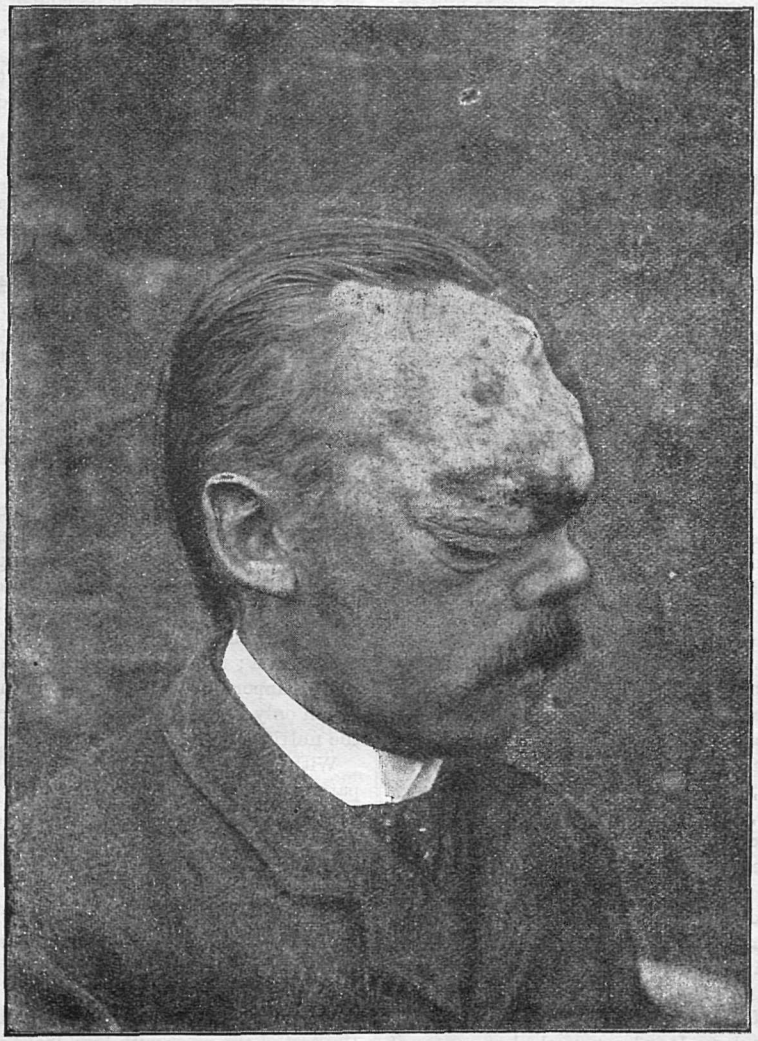
The details of the cases given for commentaries in the recent Gold Medal Examinations were published in the last number of the GAZETTE; and in the interest of our readers we are glad with the opportunity of supplying what information is forthcoming as to the diagnosis, the nature of the cases, and the treatment.

The surgical case was one of large fibroma of the uterus, complicated by pregnancy. The signs in many ways pointed to pregnancy as being the cause of the rapid increase in the size of the tumour, but the difficulty was in the fact that it must have supervened within the fortnight before she came under treatment. As she had been married two years before without any result, it at first seemed unlikely that the rapid increase was due to this cause. The very serious aggravation of the symptoms, however, decided the necessity of some operation for her relief, and it was resolved to undertake hysterectomy.

The case occurred many years ago, and this operation was at that time very rarely undertaken. The clamp which was used was exceedingly primitive, and though it successfully controlled the hæmorrhage, failed to keep the pedicle well out of the abdominal cavity. The patient did exceedingly well for three or four days after the operation, but there was pocketing of the discharge over the pedicle, and so much retraction soon occurred, that there was infection of the peritoneum. From this acute peritonitis resulted, which proved fatal in about eight days.

The mass removed was of very large size, but there is no record of its exact weight. The greatly hypertrophied wall of the uterus contained very numerous intra-mural growths of the usual form. The cavity of the uterus was of very large size, and was divided by the projecting masses of fibroids into several loculi. In one of these a small fœtus was found about two months old.

As regards the medical case this much may be said, that it was considered to be a case of ulcerative endocarditis with cerebral aneurysm, but that no post-mortem examination was made.



CASE OF CIRSOID ANEURYSM OF THE SCALP.

A Paper read before the East Kent Branch of the British Medical Association by SIDNEY WACHER, F.R.C.S. Eng.

History.—H. P., aged 26. From birth had a bluish patch in skin over right temple, resembling a bruise. It seems to have increased a little and attracted some attention when he was about six months old. Has never had any injury to his head. No hair ever grew on the patch. The bruise-like patch has increased in size as he has grown, gradually and insidiously, without causing much inconvenience.

When 11 years of age the patch was burned with some liquid material; as a result, on several occasions he lost large quantities of blood from the place burned and got so weak he could hardly stand, so was sent to the Kent and Canterbury Hospital—where he eventually became strong again. No further treatment was attempted then or at any subsequent time.

Some years later some bleeding again took place from the lump on his temple, which then formed a large irregular mass. Small amounts of blood have been lost on several occasions since; and about 14 weeks ago he lost a considerable amount of blood from the place, a boil which had formed on its surface bursting and giving vent to the hæmorrhage.

About two years ago had rheumatic fever, with what he says was inflammation of the head—both his eyes being closed by swelling for six weeks. The right eye remained permanently and totally blind after this attack. At that time the upper lid only half covered the right eyeball, but during the last two years the patient has no

doubt that the mass has increased much more rapidly in size than it ever had done before; the right upper lid being now very prominent and completely overlapping the eye.

Present Condition.—On the patient's right temporal and frontal regions and right upper lid is an irregular lump, measuring in the longest antero-posterior direction, 7½ inches; in longest transverse direction, 5½ inches. Rather behind its middle it is elevated about 1 inch above normal level, and again at root of nose and along right eyebrow it is elevated about 1½ inches; whilst the eyebrow is elongated and measures 4 inches against 1¾ inches on left side. The more elevated parts are separated and surrounded by a part of the mass elevated about ½ inch.

The position of mass is from about the midway between root of nose and occipital protuberance to ⅓ down bridge of nose in front, and to margin of right upper eyelid, this lid overlapping the eye completely and its margin reaching to an inch lower down than does margin of left *lower* lid. There is also a prolongation on either side of nose in position of angular arteries about ¾ inch in length; behind these is a prolongation along posterior branch of right superficial temporal.

From side to side the mass extends from 1¼ inch to left of middle line to right zygoma, having a prolongation along anterior branch of right superficial temporal.

In form the mass somewhat resembles an ox's kidney being roughly lobulated. The skin over its centre is whitish and cicatricial looking and extremely thin, whilst that on the outer parts is purple with largely distended cutaneous veins coursing through it. No hair grows on its surface. The skin, like the tumour, gradually passes into healthy tissue, there being no definite limit to the mass. To the touch the mass is doughy and can be pressed inwards deeply. At its margin dilated tortuous arteries can be felt entering, and the bone beneath these can be felt guttered out into deep channels. By compression the mass can be greatly reduced in size but not altogether emptied; the part over the right eyebrow is tender to pressure.

At every part of the growth a marked thrill is felt, synchronous with pulse. It is least marked at centre of mass but becomes more so at borders, and is felt most strikingly in the feeding arteries.

Sphygmographic tracings from the mass show low principal waves only, with rounded tops and no secondary elevations of the indicator; the same to a less degree being the case in the feeding arteries. Such waves indicate extremely low tension in the vessels.

A soft purring bruit is audible everywhere over the lump; fainter in the centre and chiefly systolic, but becoming louder when traced into the surrounding arteries and more "to and fro" in character, being almost a continuous whipping.

Almost all the arteries of the scalp assist in supplying the lump. The veins, however, are nowhere enlarged.

The right superficial temporal artery takes the principal part and resembles more a varicose vein in form and size than an artery. It is dilated to the calibre of the brachial, is sinuous in its course with bulgings in its walls. These walls being very thin, the vessel is soft and compressible.

Its anterior branch goes straight to the mass whilst the posterior describes a half circle and enters its posterior angle. It is dilated from its origin, and the bruit and thrills are very marked in it. Neither of the posterior auricular arteries are much enlarged; but both occipitals, left superficial temporal, left supra-orbital, and both facials are enlarged in varying degrees.

Thrill and bruit can be appreciated in facial arteries to middle of cheek and in left superficial temporal to zygoma.

The common and external carotids on right side pulsate more forcibly than those of left but have no thrill or bruit. By compressing both superficial temporals, left supra-orbital and occipitals, pulsation can be stopped in the mass except in the right upper eyelid and root of the nose, which part is probably supplied by right supra-orbital, frontal and angular arteries.

The right eye is quite blind. The cornea is densely opaque, except at margin and for a small spot in centre where is a little transparent bulging part. The eye is soft about T.—2, rather tender and aches at times.

It seems probable that the eye was lost through a perforating ulcer of cornea, following some purulent ophthalmia; the history of blindness of both eyes for six weeks supporting such a view, and that the arterial condition only acted as a predisposing cause by diminishing the nutrition of the part.

With regard to his general health and condition, patient is a well developed, muscular fellow, able to do as much as any other man at his work, which is that of a bricklayer's labourer.

The mass is of little inconvenience to him, although its throbbing, which he can always feel, becomes excessive and a trouble to him sometimes. He cannot account for the increased throbbing; it does not follow the use of alcohol, of which he can drink as much as he is inclined without inconvenience.

He covers the right eye and eyelid with a shade, and the rest of the mass with long locks of hair, so that there is nothing very startling or unsightly in his appearance.

The right eye aches a little at times, but not ever severely. His viscera are healthy. There is no increased cardiac dulness, and the apex is in the usual position. There are no cardiac bruits, and those arteries not enumerated are of the usual calibre.

Remarks.—Now the questions to be settled concerning this case are, *Ought any attempt to be made to cure his disease?* and, if any, *What means should be employed?*

In discussing the first point, it is important to know what the termination of such cases is if left alone. Unfortunately I have seen no case of the kind before, but hope the discussion will bring out details of some, in which no radical treatment has been undertaken. In looking up the subject, I find that three cases are reported by an American surgeon as having partially undergone spontaneous cure; but I think these are

mentioned rather as curiosities, and I can find no other cases mentioned that were not operated on.

In the present instance it becomes rather a question how long is the man likely to live, if left alone? and what will be the probable mode of death? Considering the extreme thinness of the coverings of this huge mass of blood vessels, and the hæmorrhage more or less severe, which has followed trivial accidents to it, or even come on spontaneously, it is evident that his principal risk is in a recurrence of bleeding, either profuse and killing him in a few hours, or moderate recurrent bleedings rapidly reducing his strength, and bringing about death in a few days or weeks. And it is difficult to understand how a man engaged in laborious work, should have so long escaped some injury to the mass, situated as it is on the frontal and parietal regions of the head, which are of all parts the most liable to blows. Then again, the man assures me that the lump has increased greatly during the last two years, and has during that time completely overlapped one eye, which has become destroyed. It is, therefore, reasonable to suppose that it will continue to increase, and must soon cover up the other, it having already invaded its upper lid. Therefore, supposing him to escape accidents and hæmorrhage, he is nearly sure to become blind in a year or two.

It is obvious then, from these considerations, that if possible something should be done to cure, or at least arrest his disease.

Going over the different methods of treatment which have been employed for similar conditions, it is difficult to find one suitable to the case under discussion, or one free from objections. Compression of the mass has been tried in some cases, but has not ever succeeded, and is not free from danger.

Ligature of the principal feeding arteries would be a hazardous undertaking; it could not be applied to the palpebral part of the mass, and it has never succeeded except in conjunction with division of the tissues of the scalp down to the bone between these feeding vessels. Ligature of the external or common carotid on one or both sides, besides being fatal in about 30 per cent. of recorded cases, has only effected a cure in a very small number.

Free excision of the tumour is a method which has often answered well; but in this case would be almost impossible from the size of the aneurysm and the terrible hæmorrhage which must result.

Ligature is impossible, and free incision into the mass followed by plugging would be surrounded with many and great dangers. The application of caustics over the feeding arteries, and after their obliteration to the mass itself, is said to have answered satisfactorily in some cases, but again the objection arises that all the feeding arteries cannot be got at.

The only methods of treatment which seem to hold out a chance of total or partial cure, are those by injection into the lump of coagulating fluids or galvanic puncture.

The difficulty in performing either of the operations would consist in effectually compressing the tissues surrounding the tumour for half an hour after the injection or puncture, without which precaution some coagula would probably find their way into the circulation. Compression beneath the right upper lid might be managed, however, with a narrow bar of some hard material pushed deeply into the orbit and pressed against its roof, and elsewhere the tissues could be easily controlled. Besides, the danger of embolism in this condition would, one would suppose, not be so great as in a naevus, as here the dilatation is not venous, and largely expanded veins do not open out from it. Should any plug be set adrift by the blood stream from one artery, it would probably be driven into the mouth of another, and should it plug that, would assist materially in inducing a cure.

Of course neither of these methods is free from grave risks. One case treated by injection died of septicæmia, but of nine others, eight were cured. The fluid which has been used is the perchloride of iron from 5 per cent. to 10 per cent. In injecting nævi, I am in favour of using strong carbolic acid instead of the perchloride of iron, as it causes more firm and instantaneous coagulation, and I should be inclined to give it the preference here also; and should suppuration supervene, theoretically, one would suppose that the blood clot would not so easily become septic.

Galvanic puncture has several times succeeded, but is open to the same objections as injection. Coagulation takes place at the positive pole, a gradual absorption of the clot follows, and the tumour shrivels. The operation has to be several times repeated, as is the case with injection. On the whole there is not much to choose between injection and galvanic puncture.

Having mentioned the chief features of the case, it remains to be decided whether it is better that the man, who is at present in the full enjoyment of life and able to support himself and do his share of work, should submit to some operation which may, or may not cure his disease, and which would be accompanied with great and immediate risks to his life, or should continue to enjoy his life whilst he can, until some of those mishaps overtake him, which have been pointed out, and which would seem to be inevitable.

P.S.—I would just add that a discussion followed this paper, in which all the speakers advised operation. The methods advocated were various; but a cutting operation of some kind attacking the tumour piecemeal, and assisted by plugging and cautery, if necessary, was chiefly recommended.

However, the patient having had the risks of operation and of expectancy fairly explained to him, absolutely refused to have anything done.

A CORRESPONDENT sends the following;—*Scene:* On board a steam-boat crossing to France on Monday night a little before twelve.—Passengers ill, one gentleman to another, *Sic(k) transit gloria Mundi (Monday).*

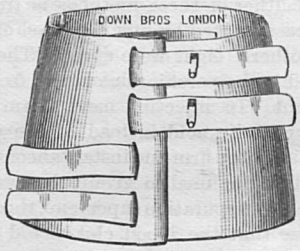
Correspondence.

To the Editor of Guy's Hospital Gazette.

Sir,—I think it would be to the advantage of Guy's College that the name of the street in which it is situated should be changed from "Great Maze Pond" to "Great College Street;" and it would be a benefit to the lodging-house keepers in "Maze Pond" if the name of their street were changed to "College Street."

There would probably be little difficulty in obtaining this alteration if a memorial from the residents were presented to the local authorities or County Council.—I am, Yours, &c., R. CLEMENT LUCAS.

A NEW OBSTETRIC BINDER.



Dear Sir,—I venture to write you in order to bring to the notice of Guy's men an Obstetric Binder, which, after a long trial extending over many years, has proved itself far superior to any other form of binder I have ever met with, and I have tried most of those that are advertised. It is called "The Universal Binder," and is made by Messrs. Down Bros., of St. Thomas' Street. Among its advantages are the following:—

1. *Efficiency.*—It is exceedingly comfortable, and fulfils the requisites of a binder in every respect.

2. *Easy of Application and Re-application.*—It can be lightened easily, which is of great importance with a binder; as for comfort, it wants to be seen to frequently and re-adjusted without disturbing the patient, and these points the nurse (or even the patient herself) is able to carry out with the least possible trouble.

3. *Washable.*—Having no steels or whalebone, it can be washed without any possibility of damage being done to it.

4. *Cheapness.*—Its retail price is 8s. 6d., which is less than most of the Obstetric Binders that are sold.

I have not entered into a description of it as the accompanying woodcut shows its shape and manner of application sufficiently.—I am, &c.,

GEO. STEELE-PERKINS.

NOTES ON PHENACETIN.

This is a white crystaline powder derived from the tar group by a very intricate process. It is insoluble in water, odourless and tasteless, causing no irritation of the stomach or tendency to vomiting. I have seen a few cases of diarrhœa caused by its use reported, and in my own practice, amongst some hundreds of cases in which I have used the drug, I remember three cases of acrid diarrhœa, which were, in the absence of other causes, attributed to the drug. Two of these cases were in phthisical patients, and all were easily checked. The action of phenacetin is essentially antipyretic and sedative. It causes no tendency to collapse or cyanosis, and frequently seems to have the effect of reducing the rapidity and increasing the volume and strength of the pulse of fever patients in a similar way to strophanthus. Only five times have I known it to cause subnormal temperature (twice this occurred in one boy aged 10), and then only temporarily, whereas with other antipyretics of the tar group, when their use has been pushed, subnormal temperature is not only not uncommon, but is frequently obstinate. Its effect when administered is gradual and continued for five or six hours. Its sudorific effects are variable, sweating is sometimes profuse, sometimes only slight. The best form of administration is powder or lozenges; the compressed tabloids are useless owing to its insolubility. My experience is that if the full effects of phenacetin are required it must be administered in full doses, *i.e.*, gr. xv for adults every three hours. Its principal use is in cases of fever—continued, malarial, or simple pyrexia—so common in India. In the hyperpyrexic irritability of children it acts like a charm, reducing the fever, and causing sound and refreshing sleep. It is also of great use in nervous frontal and occipital headaches, migraine, neuralgia, sciatica, and the girdle pains of herpes zoster. The only cases in which I can really say it failed in its object were two cases of tic doloreux, in which it seemed to have no effect. In the continued fevers, as typhoid, pneumonia, &c., it is of great service in keeping down the temperature and economising the patient's strength while the fever runs its course. Few drugs have, I should think, so soon after their introduction come into such general use as phenacetin, the reason, I take it, being the good results obtained by its use. I have used it extensively, and write these few remarks thinking they may be of use and information to some of your readers.

F. C. BUTT,

June 17th, 1890. Calcutta.

APPOINTMENTS.

The following Gentlemen have been appointed as House-Physicians, House-Surgeons, Asssistant House-Physicians, and Assistant House-Surgeons, commencing July 1st.

Assistant House-Physician.—F.W. Hall, M.R.C.S., L.R.C.P.

House-Physician.—(Dr. Goodhart), H. V. Hickman, M.R.C.S., L.R.C.P.

House-Surgeons.—(Mr. Durham), F. J. Nisbet, M.R.C.S., L.R.C.P. (Mr. Lucas), P. Paget, M.R.C.S., L.R.C.P.

Assistant House-Surgeons.—H. M. Jordan, M.R.C.S., L.R.C.P. R. G. P. Lansdown, M.B.B.S. Durham.

Passim.

The Dean desires, through our columns, to give wider expression to the sincere thanks of Mrs. Perry and himself for the very handsome set of silver salt-cellars lately presented to them by the Residents and Students. The present was made the more valuable by the kind wishes with which it was accompanied.

We learn with regret that Mr. Millson has found it impossible to continue as Steward of the Students' Club, and, at the same time, satisfactorily to conduct his other business at the 'Ship.' Some of our readers will remember how, at the end of 1887, he undertook the catering for the newly established Students' Club in old Philip Ward, and with what general satisfaction his efforts were received. Since the premises of the Club were removed to the College, and not only luncheons but also dinners and breakfasts have had to be provided for Members, the Steward has been compelled to give up much more time to catering than was necessary in the old quarters; and Mr. Millson has felt that he could no longer give this time without detriment to his other business. We feel sure that the Members of the Students' Club will acknowledge his services, and will wish continued prosperity to him as the genial landlord of the house, whose name is familiar to many generations of Guy's men.

The College Committee has appointed Mr. James Batten to succeed Mr. Millson as Steward of the Students' Club. Mr. Batten is not entirely unknown at Guy's, as, for thirteen years, he was employed in the office of the Medical Superintendent. Since that time he has devoted himself to acquiring experience in the business of a caterer. There is no doubt that a Club like our Students' Club can only be made to succeed by a very careful attention to details, by thorough organization, and by an endeavour to meet the varied requirements of all its Members. Mr. Batten has our best wishes for his success.

There will be an examination of candidates for commissions to fill *ten* vacancies in the medical department of the Royal Navy, commencing Monday, July 21st, at the Examination Hall. Regulations as to entry may be seen in the Library, and applications should be sent in not later than Monday, July 14th.

The memorial signed by the "Students of Guy's Hospital" in support of the recommendations of Lord Camperdown's Committee has been acknowledged by the Secretary of State for War, and will receive attention.

We have very great pleasure in recording the election of our late Senior-Surgeon, Mr. Bryant, as President of the Royal College of Surgeons for the ensuing year.

Want of space compels us to postpone the lists of successful candidates in the recent Conjoint Examinations, but we take this opportunity of offering them our heartiest congratulations. In the Second Conjoint we have been particularly successful, and this list contains the names of many of our best cricketers, we are proud to say.

In spite of the climatic disturbances and anatomical worries, Guy's has once more won the Cricket Cup. The chief features in the final tie were W. G. Mitchell's innings of 63 and the bowling of the brothers Bettington.

A complimentary dinner to Dr. Pavy will take place this evening, at the Ship, Greenwich. More of this anon.

Attention is drawn to a boating advertisement in this week's issue, and we are asked to state that the rooms advertised are arranged on the same principle as those in the College.

The arrangement of the new laboratories on the Embankment is so far approaching completion that it is anticipated that by the end of this month all the departments will be in working order. At the present time the following rooms are ready:—Chemical, Spectroscopic, Galvanometer, Gas Analysis, and Photographic Rooms. Application for permission to work in the laboratories should be made to the Director, Professor Sims Woodhead.

A LADY lately consulted a specialist in a well-known city for pains in the back. The diagnosis, according to the statement of the patient, was "muscular rheumatism in the sheath of the liver." The treatment advised was a porous plaister between the shoulder blades, to be followed by poultices.

INTERESTING CASES.

PHILIP	15	Enlarged liver; ? enlarged spleen; pyuria, &c.
	16	Locomotor ataxia; optic atrophy.
	38	Gastric ulcer; abdominal tumour.
	40	Pelvic tumour.
STEPHEN	12 and 23	Thoracic aneurysm.
	18	Enlarged spleen, glands, &c.
MARY	21	Tumour cerebri (optic neuritis, &c.).
	34	Ascites; abdominal tumours.
	43	Cardiac.
	2	Lipoma of shoulder.
MARTHA	10	Carcinoma of sigmoid.
	19	Cellulitis of neck.
	20	Femoral exostosis.
JOB	6	Epithelioma of lip.
	4	Osteoarthritis of elbow.
LAZARUS	2	Erb's paralysis.
LUKE	16	Flexed leg; infantile paralysis.
DORCAS	4	Renal calculus.
CHARITY	1	Old injury to elbow.

NOTES FROM THE DISPENSARY.

PYOCTANIN.—This is a derivative of an aniline product which has been found by Dr. Stilling, of Strasburg, to be capable of destroying bacteria in living organisms. It is believed to be free from all poisonous or injurious action and a promoter of granulation. There are two kinds of this dye, blue and yellow. The preparations are a two per cent. blue dusting powder for general surgical use, and a one per cent. yellow one for ophthalmic purposes. It is stated that the stains produced by its use can be removed by an alcoholic solution of soap (*Journal de Pharmacie*, Juin, 1890).

SULPHAMINOL.—A synthetical product made by the action of sulphur upon a solution of a salt of oxydiphenylamine. It is a yellow powder, odourless and insipid, soluble in alkalies, alcohol, and acetic acid. The solutions have a clear yellow tint. In contact with the secretions of the body it is broken up into sulphur and phenol. Experiments which have been made upon animals show that it is perfectly harmless. It is said to possess great deodorising properties, and to have been used with success in suppuration of the mouth (*Journal de Pharmacie*, Juin, 1890).

DIURETIN.—This new remedy has lately been prescribed in Clinical Ward. There is no doubt about its powerful diuretic action, but it appears to produce some unpleasant after effects. This substance was recommended by Dr. Gram (*Therap. Monatsh.*, 1890, p. 10), as a diuretic which possessed the properties of caffeine without its action on the central nervous system, *i.e.* as acting only on the kidneys. Diuretin (theobromin-sodio-salicylate) is a white powder, soluble in half its weight of water: both the powder and the solution must be protected from the air, since CO_2 is apt to set the theobromine free, and thus to reduce the efficacy of the compound.

H. COLLIER.

GUY'S HOSPITAL, DENTAL DEPARTMENT.

Analysis of the Practice during June, 1890:—

Extractions without anæsthetics		342
Extractions under anæsthetics		215
Fillings.	Gold	117
	Amalgam	67
	Osteo	68
	Gutta Percha, permanent	3
	Gutta Percha, temporary	90
Attendances.	Scaling	23
	Crowns	5
	Regulation cases	16
	Dentures	12
	Splints	14
Dressings		87
Advice		90
		1149

LIST OF BOOKS ADDED TO LIBRARY.

On the recommendation of the Committee:—

Radcliffe Crocker's Diseases of the Skin.
Heath's Diseases and Injuries of the Jaws.
Liveing's Diseases of the Skin, latest edition.
Guy and Ferrier's Forensic Medicine, latest edition.
Taylor's Medicine.

Holden's Landmarks, Medical and Surgical, latest edition.
Remsen's Organic Chemistry.
Examination Papers of the Conjoint Board for 1888 and 1889.

Presentations :—
Berkeley Hill's Chronic Urethritis. By Dr. Stevenson.
Cullingworth's Etiological Importance of Gonorrhœa (pamphlet). By Dr. Stevenson.
Foster's Physiology. By Dr. Pye-Smith.
Translation of Tolstoi's Boyhood, Adolescence, and Youth. By the Translator.
Transactions of the Medical Congress of Australia.
Medical Report (China).
Twenty-sixth Report of the City Hospital, Boston, U.S.A.

HEREDITY.

TREASURER'S PRIZE ESSAY.

Read before the Physical Society, Saturday, Mar. 22, 1890.

(Continued.)

3. The third class is *Collateral* or *Indirect Heredity*, which is (as we should expect) of rarer occurrence than either of the preceeding, and occurs between individuals and their ancestors in the indirect line—uncle or grand-uncle and nephew, aunt and niece, or between cousins. This form of heredity has been received with considerable distrust and doubt, not that it was not observed and noted, but the theory of hereditary transmission as then understood was not equal to an explanation of it, and so to explain facts which they could not deny different authors had recourse to different hypotheses: *Quot homines, tot sententiæ*. Some speak of the force of circumstances, others of accident, others see in them nothing more than coincidence—in fact all attribute them to chance. But the researches into the subject of generation during the last half-century, and especially the phenomena of Alternation of Generations, have greatly widened our knowledge of heredity, and this transmission in collateral line has in it nothing specially wonderful. It is only a form of atavism, a form which is rarer and less easy of comprehension than direct atavism, but differing from it only in appearance. The nephew resembles the uncle, and the cousin the cousin, because each of them possesses some common characteristic derived from their common ancestor, who transmitted it to them through the intervening generations in which it remained latent. For instance, a man, whose brother and whose aunt were deaf mutes, had five children, one of them being deaf and dumb; and there are many similar instances amongst deaf mutes. A more remarkable case is that of a woman come of a family in which there had been several cases of hypospadias, and who gave birth to two boys affected with that anomaly (P. Lucas, ii. p. 36), and Mr. Darwin alludes to a tendency to hydrocele being similarly transmitted by females.

In the same way, the poet Lucan was nephew to Seneca, Pliny the younger nephew to Pliny the elder, and Admiral de Coligny was nephew of the Duc de Montmorency, Constable of France. Prince Eugène, who was ranked as a military commander by Napoleon with Turenne and Frederick the Great, was the grand-nephew of Cardinal Mazarin; Laurent Jussieu was the nephew of the still more eminent botanist Bernard de Jussieu, and the celebrated botanist George Bentham (President of the Linnæan Society) was nephew to Jeremy Bentham; Maurice of Nassau, one of the greatest generals of his time, had for his nephew the greatest soldier produced by France prior to Napoleon, Turenne, and for his grandnephew Willliam III of England.

4. To complete the classification we must mention the *Heredity of Conjugal Influence*, rare from the physical point of view, and of which probably no single instance is proved in the moral order of things. It consists in the reappearance in the offspring of a second marriage of characteristics belonging to a former husband. This is a form of inheritance in regard to which, at any rate from a psychological point of view, many critics at the present day are extremely sceptical. The occurrence appears to be entirely out of the order of things. Atavism, though strange at first sight, is readily explained by the community of blood and origin; if the father and mother *seem* to have absolutely no resemblance to their child, if they function merely as the channels for the transmission of some quality or feature of their ancestors, at least there exists between the latter and the descendents a continuous chain to account for the transmission. Here, however, there is nothing of the kind—a child resembles a person who has nothing whatever in common with it, save that this person was once its mother's husband.*

Bonnet's well-known experiments on the *aphis* have been considered by some to illustrate the relation of parthenogenetic reproduction to this form of heredity. He took a young *aphis* just hatched, isolated it completely, and saw it, in that state of undoubted virginity, produce in the course of 21 days, 95 offspring. Individuals from these offspring were again isolated, and again reproduced themselves for more than ten generations without the intervention of a male. Commenting on this M. Ribot says, "This is a curious example of the influence of the male on a whole series of generations, *fecundated as it appears* by one single act." Unfortunately for M. Ribot, Weismann's observations during the last

* That this phenomenon is a well recognised, though more or less inexplicable, fact is shown by a reference to Dr. Fagge's remarks on Phthisis (vol. ii. p. 230). Discussing Dr. Weber's cases, in which the disease seemed to pass directly from the husbands to their wives, and a similar case in which a lady's first husband and several of his children died of phthisis, the second husband was perfec ly healthy, but the eldest of his offspring nevertheless became affected with the disease. *Apropos* of these and similar facts Dr. Fagge says, "May not such cases merely afford another instance of that inexplicable influence of impregnation which stamps on the female organism the characters of the male, so that they can be transmitted long afterwards to offspring by a different male? Cases of this kind among the lower animals are well known to be frequent."

two or three years shew that it appears to be nothing of the kind. The parent *aphis* would be hatched in spring from a sexual, gamogenetic (or amphigonic) egg, parthenogenetic generations consisting wholly of females would then rapidly succeed one another (under favourable circumstances) until the autumn, when males begin to reappear*; sexual reproduction then occurs, resulting in the formation of gamogenetic eggs, which remain dormant during the winter, the survivors reinaugurating the entire process on the advent of spring. Ribot seems to think that the one fertilizing act by which a "winter-egg" is produced in autumn, fecundates at one and the self same moment all those generations of females, which are to appear the succeeding spring and summer, previous to the reappearance of males again in autumn. I almost wonder he does not say outright that the male *aphis*, as its eyelids droop beneath the shades of death, with prophetic insight can foretell whether it will be 12 or 15 generations that will occur before the males appear again. Weismann has shewn that the occurrence of sexual or asexual reproduction in these low *crustacea* bears a fixed relation to the amount of food available and the chances of survival. Comparatively few eggs survive the winter: if the species is to persist, with the advent of spring and abundance of food, it is obviously most advantageous that the most rapid multiplication of individuals possible should occur, in no way depending upon the chance of meeting the opposite sex. New individuals are therefore produced from true parthenogenetic ova from which a single polar cell has been expelled, whilst the autumnal gamogenetic ova expel two before segmentation commences. At the end of summer as there are a great number of individuals about, there is no disadvantage pertaining to sexual reproduction, and it therefore occurs: thus introducing the possibility of individual variations, the chief object, as Weismann thinks, for which sexual reproduction was originally acquired. The phenomena therefore of true parthenogenesis do not bear upon this form of inheritance, unless it shall be definitely shown that all these subsequent parthenogenetic generations distinctly take after that male which was concerned, when sexual reproduction last occurred. Burdach cites several instances of this form of heredity from the mammalia, of sheep, pigs, dogs, and especially horses. When a mare is crossed with an ass and produces a mule, if she be afterwards brought to a stallion, the colt she then drops will have some points of resemblance to the ass. Haller and other physiologists also state the same, and, of course, the oft-quoted case of Lord Morton's Arabian mare is an instance in point. In 1815 this mare was covered by a quagga and gave birth to a striped hybrid—she never saw the quagga again. In 1817, 1818, and 1821 (having passed into the possession of Sir Gore Ouseley), she was covered by a very fine Arab horse and gave birth to three brown colts with bands like those of the quagga. It is even stated that these (at any rate one of them) were much more plainly barred across the legs than is the pure quagga. *(Phil. Trans.* 1821, p. 20.) A very similar case—A mare also belonging to Sir Gore Ouseley was covered by a zebra, and gave birth to a striped hybrid. The year following, the same mare was covered by a thoroughbred horse, and the next year by another horse. Both the foals thus produced were striped (McGillivray, *Aberdeen Journal*, March 28th, 1849). Paintings of these animals and their skins are said to be preserved in the Museum at the Royal College of Surgeons.

Mr. M'Gillivray, after citing a considerable number of examples, says, "Many more instances might be cited did time permit. *Among cattle and horses they are of everyday occurrence.*" One case recorded by the late Sir James Simpson from the human species will suffice. A young woman residing at Edinburgh, and born of white parents, but whose mother had had sometime previous to her marriage a natural (mulatto) child by a negro manservant in Edinburgh, exhibited distinct traces of the negro. Sir James, whose patient the young woman was, was very much struck with the resemblance, and noticed particularly that her hair had the woolly qualities characteristic of the negro. Returning to the case of Lord Morton's mare, Sir Wm. Turner's explanation of this is as follows—"I can imagine it being said that this was a case of reversion to a very remote striped ancestor, common alike to the horse and the quagga. . . . I believe that the mother had acquired during her prolonged gestation with the hybrid the power of transmitting the quagga-like characteristics from it, owing to the interchange of material which had taken place between them in connection with the nutrition of the young one. For it must be kept in mind that in placental mammals an interchange of materials takes place in opposite directions, from the young to the mother as well as from the mother to the young. In this way the germplasm of the mother, belonging to ova which had not yet matured, had become modified whilst still lodged in the ovary. This acquired modification had influenced her future offspring, derived from that germplasm, so that they in their turn exhibited quagga-markings . . . an instance of somatogenic acquired characters having been transmitted." This explanation is, of course, directly opposed to Weismann's view, according to which somatogenic* characters, or those which are due to the action of external influences upon the *soma* of the individual, are *not* transmissible. On the other hand, the other class of characters, which are not strictly speaking *acquired*, though they are certainly *new*, in the sence of fresh variations, which Weismann attributes to "spontaneous molecular changes in the germplasm," and therefore terms *blastogenic*† are universally admitted to be hereditary. Sir Wm. Turner's explanation seems to me merely an expansion of Darwin's *Pangenesis*, the idea being that all morphological

* By suitable feeding and other favourable conditions, parthenogenesis has been kept up continuously for four years.

* Τὸ σῶμα, the body.

† Βλαστάνω, I grow, become; βλαστός, a germ.

characters, every cell in fact, is represented in the circulating fluid of the body by myriads of germs called *gemmules*, which, when carried by the blood current to the neighbourhood of the reproductive cells, will *under favourable circumstances* so modify these reproductive cells that when one of these develops into a new individual, the characters of the cell from which any particular gemmule has arisen will reappear in this new individual.

To solve the difficulty I cannot pretend. Mr. Darwin was of opinion that the ancestor of the horse was a striped animal, and if this be admitted I can imagine Weismann saying that the tendency of this particular Arab mare's germ plasm was to develope into striped offspring.* After all, I think the distinction into blastogenic and somatogenic characters is somewhat arbitrary. How to draw the line hard and fast between them I know not. Surely, when we speak of "spontaneous molecular changes within the germ plasm," it is only the scientific way of saying that we cannot trace their causes. If we could, I think we should call them somatogenic, because though there is no soma in existence, yet the germ plasm is potentially a soma, and must certainly be influenced by causes extrinsic to its own molecules; in fact, "the conviction that every event must have a cause and a cause adequate to the effect" is a "first truth, requiring no proof and admitting of none" (Abercrombie, *The Intellectual Powers*, p. 143).

(To be continued.)

THE WAY OF THE DOCTOR IS SOMETIMES HARD.

One of the best known Physicians of New York remarked the other day that in eleven years he had accumulated 25,000 dols. of absolutely bad debts on his books. This was apart from more than as much more he had to collect by legal means, and some of which was doubtless also hopeless. He had never sued a debtor or put a collector on him until a couple of years before, when the steady increase of the dead wood on his account books forced him to do it. It is beyond question that his case is only one of many. There is probably not a doctor in the City who is not a heavy loser by unpaid fees, and the higher his standing the heavier his losses. It is getting to be quite common for men to be sued for doctors' bills. The other day I was talking on Broadway to a dry goods merchant worth a cold million, at least, when he was served with a summons. He commenced to warm the winter wind with heated observations. The summons was for a bill of 150 dols. for medical attention on his wife at a hotel, while he was at the Paris Exposition. And what is more, from all I know, the money was fairly earned, for the woman was narrowly saved from a death invited by her own carelessness and defiance of sanitary laws. Yet the husband allows himself to be taken into courts, with the chance of the whole of the case being made public, rather than pay a deserving young doctor the little money he owed him. I asked this person why he did not pay the bill and spare himself the trouble of being dunned for it. "Oh, —— these doctors' bills," said he, "I'd never pay one if I could help it," and there are doubtless plenty of people of his way of thinking among us. —*New York News.*

* Mr. Darwin has shown that a cross, especially between two perfectly distinct though allied species, has a very great disturbing influence on the reproductive system and very frequently causes reversionary characters to reappear.

APPOINTMENTS.

BLACHFORD, J. V., L.R.C.P. Lond., M.R.C.S., has been appointed Assistant Medical Officer to the Lambeth Infirmary, *vice* Shaw, resigned.

MAILLARD, W. J., Surgeon, R.N., to the *Iron Duke*, July 1st.

MOURILYAN, E. P., Surgeon, to the *Immortalité*, July 1st.

PRYN, William Wenmouth, R.N., has been appointed Surgeon to the *Indus*.

Sport.

CRICKET.

CUP TIES.

In the first tie Guy's were drawn against George's but the latter failed to turn up, Guy's therefore claiming the tie.

GUY'S v. BART.'S.– 2nd TIE.

This match was played on King's College ground at Wormwood Scrubbs, on Friday, July 4th. Bart.'s batted first, and were all dismissed for 90, Hedges making 40 of that total. J. H. Bettington bowled 7 wickets for 21. Guy's started batting with Reid and Colclough, the latter, when he had made 17, being caught at the wicket. Mitchell followed, and after making 5 was bowled by Dixon. On J. H. Bettington and Reid becoming associated matters took a different turn, and each batsman hit away merrily until the score was 158, when rain coming on it was decided to abandon the game for the day, Reid being not out 68, and Bettington not out 47. It may be remarked that the fielding of Guy's was exceptionally good, three splendid catches being brought off in the out-field.

GUY'S v. ST. MARY.—FINAL TIE.

This match was played on the Kensington Park ground on Monday, July 7th, before a goodly number of spectators. Having beaten Reid in the toss, Mary's elected to bat, and were all got rid of for 82, Poynton top-scorer with 16. Guy's commenced batting before lunch, and saw Colclough dismissed without scoring. After lunch wickets began to fall fast, and at one time there were seven wickets down for 50 runs. Mitchell and Layman became associated, and within 1 run of Mary's score

Layman was caught leaving Fagge to go in. Mitchell, having batted splendidly, then hit off the required runs and shortly after was caught for a very valuable 63. On going in a second time, Mary's could make no stand against the Guy's bowling, and were all dismissed for 57, leaving Guy's 53 to win, which, although the light was anything but good, they did with the loss of two wickets. Full score:—

ST. MARY'S.

1ST INNINGS.		2ND INNINGS.	
F. J. Poynton, b Reid...	16	b Mitchell	1
H. R. Power, c Colclough, b J. H. Bettington	2	b Reid.....	4
P. Pares, b J. B. Bettington	4	run out	0
E. W. Joscelyn, b J. B. Bettington	5	b Reid	17
W. Overend, b J. B. Bettington	0	c Pratt, b J. H. Bettington	6
D. d'Esterre, run out ...	15	b J. H. Bettington	4
E. G. Moon, c Cooper, b J. B. Bettington	15	b Mitchell	3
E. Mayo, c Cooper, b J. B. Bettington	10	b J H. Bettington	0
F. S. Bond, b J. H. Bettington	0	not out	0
A. E. Freer, not out.....	0	b J. H. Bettington	9
W. P. Craven, b J. H. Bettington	1	b J. H. Bettington	0
Byes	14	Byes 11, l-b 2	13
	—		—
Total.....	82	Total.....	57

GUY'S.—FIRST INNINGS.

E. Reid, b Poynton.....	4	E. S. Tuck, b Overend...	0
F. Colclough, b Poynton	0	H. Coopor, b Poynton...	1
W. G. Mitchell, c Poynton, b Bond	63	H. Hewetson, b Poynton	0
J. H. Bettington, c Mayo, b Poynton	4	S. G. Layman, c Bond, b Overend	11
C. R. Lucas, b Overend	0	C. H. Fagge, not out ...	0
J. B. Bettington, b Overend	0	Byes 8, l b 2	4
			—
		Total.....	87

SECOND INNINGS.—Reid (not out), 20; Colclough, c Joscelyn, b Overend, 1; Mitchell, b Overend, 5; J. H. Bettington (not out), 15; byes, 12; wide, 1; total, 54.

Birth.

BERRY.—On June 22nd, at Wansford House, Watford, the wife of F. Haycraft Berry, M.D., of a daughter.

Marriage.

BUTT—AMBLER.—On April 23rd, at Patna, Frank Charles Butt, L.R.C.P., L.S.A., L.M., of Calcutta, only Son of Charles Kerniott Butt, of Hampton Hill, S.W., to Kathleen Marie, eldest daughter of Charles Ambler, Esq., of Monghyr, Bengal.

Advertisements.

LOCUM TENENS.—WANTED.—Any Gentlemen who may be willing to act as Locum Tenens should leave their names at the Medical Office without delay, as there are several vacancies for July and August.

A Doubly Qualified Guy's Man, living in a healthy and bracing part of Devonshire, desires a Resident Patient, convalescent preferred. Shooting, fishing, tennis club near at hand.—Apply Dr. T., Morchard Bishop, Devon.

A medical man, living within 20 minutes' walk of Guy's (tram fare 1d), has large sitting room and double-bedded room to let to two students. Terms 50s. per week including board. No extras, except washing of personal linen.—Apply to Q, c/o Mr. Wells, the office, Guy's.

BERLIN CONGRESS. Wanted a Gentleman to Report the Proceedings of the Insanity Section. French and German necessary. Suitable remuneration given.—Apply to Mr. WELLS, Guy's Hospital, S.E.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

PHOTOGRAPHY.—Amateur's negatives retouched and printed. All kinds of medical subjects undertaken. Prices—

Retouching ... 1/- a head.
Printing ... 2/- per doz. unmounted, quarter-plates,
4/- " " half "
6/- " " whole "

2/6, 5/- and 7/6 respectively when mounted. *Terms cash.* Estimates given for retouching groups. Return carriage paid, and senders take all risk.—L. GREEN, Maxwell House, Kelvin Grove, Upper Sydenham, S.E.

PRACTICE for disposal in New Zealand. Income between £600 and £700 per annum. At present held by an old Guy's man. Full particulars as to fees and locality may be obtained on application to Mr. Wells, Medical Office, Guy's.

TO LET.—FURNISHED APARTMENTS.—Good bed and sitting rooms. Terms moderate. Five minutes from Norwood Junction. Good train service to London Bridge. No other lodgers.—Apply E. A., 47, Penge Road, South Norwood.

WANTED by a trebly qualified Guy's man, aged 27, a small country practice or partnership. Four years' experience in general practice.—Apply B. H., care of C. H. WELLS, Esq., Medical School, Guy's Hospital, S.E.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

Guy's Hospital Gazette,
AUGUST 2, 1890.

CASE OF FRACTURED BASE OF SKULL.

The following case may appear somewhat trivial. But it is one of interest as one in which fracture of the base of the skull occurred apart from its usual concomitant grave cerebral injury.

A. C., a carter, aged 27, while under the influence of alcohol fell about six feet into a cellar, and a barrel of beer rolled on to his head. When seen five minutes after the accident he was quite conscious, but a little dazed. There was bleeding from both ears, and a scalp wound about five inches long above the right ear.

Bleeding from the left ear stopped after twelve hours; from the right ear it was more copious, and lasted about 36 hours.

Six days after his admission it was noticed that he had facial paralysis on the left side. Three days later, the wound having quite healed, he insisted on leaving the hospital, in fact he had been with difficulty persuaded to remain in after the first day, as he felt so little was the matter with him. His temperature never rose above 99 during his stay.

From the symptoms it seems probable that the base of the skull was fractured by being jammed between the barrel and the ground, like a nut in a pair of crackers, without injury to the contents. Apparently the line of fracture involved both middle fossæ.

R. D. M.

NOTES OF TWO CLINICAL LECTURES ON TWO CASES OF MYELITIS.

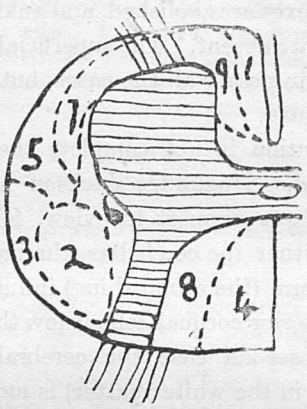
Given by Dr. HALE WHITE.

(Concluded from p. 146.)

Dr. Hale White concluded by pointing out the following recent advances in our knowledge of the spinal cord :—

(I.) The white matter all round the grey matter connects the different levels of grey, and its fibres degenerate in both directions upwards and downwards. Its fibres all become medullated before the more peripheral white fibres, and it can be mapped into areas.

Diagram of white matter of cord (minor subdivisions omitted).



1. Direct pyramidal tract (Türck's bundle) usually disappears in dorsal cord.
2. Crossed or lateral pyramidal tract.
3. Cerebellar tract; begins at level of upper lumbar nerves. Receives its fibres from Clarke's column of cells.
4. Posterior median (Goll's column); fibres from leg in lower regions anterior, then pushed back by trunk and arm fibres, so in cervical region from before backwards, arm, trunk, leg.
5. Antero-lateral ascending tract (Gower's column).
6. Lateral ground bundle.
7. Mixed lateral zone.
8. Posterior columns (Burdach's columns or posterior root zone).
9. Anterior ground bundle.

1, 2, (conduct and degenerate downwards) } Long fibres to
3, 4, 5, (,, ,, upwards) } or from brain.
6, 7, 8, 9, (conduct and degenerate up and down) short fibres connecting cord at different levels.

Short fibres first in development as shown by following order of medullation, beginning with the earliest :—

Anterior and posterior root fibres.

Short { 9, 8, 7, 6
Long { 5, 4, 3, 2, 1 } Medullated at ninth month.

White commissure consists chiefly of—

(*a*) Fibres connecting the two anterior horns.

(*b*) Fibres connecting direct pyramidal tract of one side with lateral tract of the other.

(*c*) Fibres connecting anterior horn of one side with anterior ground bundle of other side.

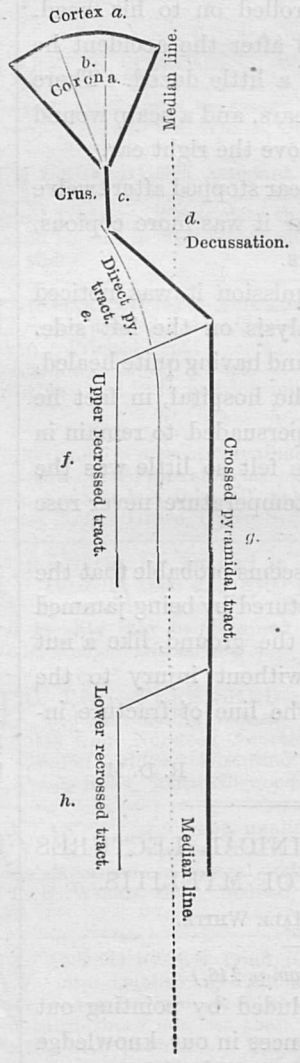
(II.) Bastian and Bowlby state that in complete solution of continuity of cord very shortly the deep reflexes are abolished, and ankle clonus and rigidity are absent. The superficial reflexes are also lost in nearly all the cases, but later on they may return.

If the solution is not complete the reflexes are increased. Hughlings Jackson maintains that these facts support his view, for in the first case neither the cerebellar (the increasing) nor the cerebral (the diminishing) influence can reach the anterior cornual cells below the lesion, and in the second case the cerebral (which passes down in the white matter) is more likely to be impaired than the cerebellar (which passes down in the grey, and hence is deeper in cord).

(III.) The prevalent theory that the deep reflexes are not genuine reflexes was chiefly put forward because the knee jerked so soon after the blow on it that there was not time for a reflex act. Lombard has made the time measurements more carefully, and has shown that the previous ones are wrong, and Bowditch and Warren have shown that so many extraneous circumstances (such as the mental attitude of the patient) modify the time, that it is quite possible that the deep reflexes will ultimately be proved to be genuine reflexes. The prevalent theory is that the spinal cord presides over the irritability of the muscles, and that tension excites, by reflex influence, a state of extreme irritability to local stimulation.

(IV.) We shall have to reconsider our facts in connection with lesions half way across the cord, for Mott has shown, that after hemisection of cord in monkeys, the effects as regards sensation and motion are recovered from in a few days.

(V.) Sherrington has traced most carefully the fibres which degenerate after cerebral lesions. Every unilateral lesion is followed by degeneration in both pyramidal tracts, the smaller degeneration (on the same side as the lesion) being most pronounced in the cervical and lumbar enlargements, immediately above which enlargements it is often absent. It follows that the degeneration on the same side as the lesion is a recrossed degeneration. The number of degenerated fibres may increase from above downwards, hence they branch.



Diagram, after Sherrington, to show Recrossed Tracts.

a. Cortex.
b. Corona.
c. Crus.
d. Decussation.
e. Direct pyramidal tract.
f. Upper recrossed tract.
g. Crossed pyramidal tract.
h. Lower recrossed tract.

(VI.) Facts, at present inexplicable, observed by Sherrington are that a strictly localized lesion in the arm area of the cortex in the monkey gives rise to degenerated fibres in the crossed pyramidal tract throughout the whole length of the cord, while a lesion in the leg area induces degeneration which, for the most part, stops short in the cervical enlargement.

(VII.) France has shown that after lesions of the gyrus marginalis in monkeys there is degeneration in the opposite lateral tract (not at all in the direct) especially its posterior part, and to a less extent in the lateral tract on same side right down to the lumbar region. After lesions of the gyrus fornicatus there is degeneration in the opposite lateral tract. This is an important observation, for we do not at present know of any impulses which pass downwards from the gyrus fornicatus.

EXAMINATION PAPERS.

INTERMEDIATE M.B., LONDON.

Candidates may answer questions out of either or both groups but must not attempt more than half of the total number.

Candidates for Honours must answer at least one-third of the questions contained in group *B*.

Pass questions must be answered in the *Green* books, and *Honours* questions in the *Pink*.

A.—Pass Questions.

Anatomy.—1. Give the attachments and actions of the deltoid muscle, the arrangement of its muscular bundles, its nervous and vascular supply. Describe the relative position of the various structures that would be exposed by its complete removal. 2. Enumerate the internal and external rotators of the thigh, and trace the nerves supplying these muscles from their origins to their points of entrance into the muscles. How are the movements of internal and external rotation limited? 3. Describe the soft palate, its mucous covering, vascular and nervous supply, and the attachments and innervation of the muscles that move it.

B.—Honours Questions.

1. Describe the arrangement of the cancellated tissue of the astragalus, and point out the advantages of such an arrangement. How is this bone represented in the carpus? Give the reasons for your statement. 2. Describe the ligaments whereby a rib is tied to the vertebral column. How do these limit the range and direction of the movements of the rib, and how do they differ in the several costo-vertebral joints? 3. Describe the attachments, relations, innervation and actions of the muscles attached to the arytenoid cartilages. Give also the ligaments attached to these cartilages, and specify the functions of each.

A.—Pass Questions.

Anatomy.—1. Give, in detail, the steps of the dissection by which you would fully expose the deep epigastric artery, its branches, and anastomoses in a male subject. 2. Describe the veins whereby the blood carried by the external carotid artery and its branches is returned into the jugular veins. 3. Describe the sclerotic coat of the eye; enumerate the structures that pierce it, and give its exact relations to all the membranous and muscular parts which come in contact with its inner and outer surfaces.

B.—Honours Questions.

1. The abdomen having been opened in the usual manner but the viscera undisturbed, describe in detail the dissection by which you would completely expose the main trunk of the right anterior crural nerve. Give the exact distribution of its various branches. 2. Give a complete description of the pericardium, including its relations and development. 3. Describe the position, relations, and structure of the female urethra. To what part of the male urethra is it homologous, and how are the other parts of the male urethra represented in the female?

A.—Pass Questions.

Physiology.—1. Describe the process of ossification as it is observed to occur in the shaft of a long bone. 2. What is the structure of a cell nucleus? Describe the normal process of karyokinesis. What changes occur in the cell protoplasm along with the alterations in the nucleus? 3. Explain the fact that when the cervical sympathetic is cut the blood-vessels of the ear dilate and the pupil contracts. Trace the whole course of the nerve fibres, section of which produces these changes. 4. Describe the microscopic structure of the sub-maxillary gland of man. What afferent nerves, when stimulated, give rise to a secretion from the sub-maxillary gland? State, briefly, the course taken by the nervous impulses in each case. 5. What changes occur in the heart-beat and the blood-pressure during asphyxia from occlusion of the trachea? Explain, as far as possible, how the changes are brought about. 6. How do the vibrations which produce sound reach and affect the terminations of the auditory nerve? (An exact description of the mechanism for reception and transmission of the sound-vibrations is required, but without any histological details). What reasons are there for attributing separate functions as regards hearing to the vestibular and cochlear divisions of the auditory nerve?

B.—Honours Questions.

7. Describe the structure of the thyroid body. How is it developed? What evidence do we possess regarding the functions of the thyroid? 8. How would you obtain evidence of the existence of intrapolar electrotonus in a piece of nerve? Give a diagram of the arrangement of

the apparatus which you would employ. How does electrotonus modify the physiological conditions of living nerve fibre? 9. Discuss the probable sequence of changes which the proteids of the food undergo in their passage through the body? What evidence is there regarding the seat of formation of urea and uric acid? 10. What is known of the chemical nature of the ferments which occur in the body? State fully the method of preparing any one of them in as pure a condition as possible. 11. When two kinds of nerve fibres of antagonistic action occur in one nerve-trunk, how may the presence of each kind be demonstrated? Mention any case in which one or more of the methods you mention have failed to distinguish any such antagonistic fibres in a nerve-trunk, although there are reasons for considering them to be present. 12. Describe the microscopic structure of the anterior corpora quadrigemina and their connections with other parts of the nervous system, giving the evidence upon which your statements regarding their connections are based. Illustrate your reply by diagrams.

A.—Pass Questions.

Materia Medica and Pharmaceutical Chemistry.—1. Give an account of Hyoscyamus, including its origin, its active principles, its preparations, and its physiological actions. 2. Describe and explain the method of preparation of Arseniate of Iron and of Phosphate of Iron. Give their physical properties, their physiological actions, and their doses. 3. Give the composition of the following:—Oleum Phosphoratum, Liquor Arsenicalis, Tinctura Chloroformi Composita, Pilula Rhei Composita, Pulvis Catechu Compositus, Pulvis Elaterii Compositus, Pulvis Kino Compositus, Mistura Guaiaci, Injectio Ergotini Hypodermica, Trochisci Morphinæ et Ipecacuanhæ. State the dose and the proportion of the important constituents of each. 4. What is Cocaine? What are its physiological actions, and the methods of employing it? What is the strength of its official preparation? 5. How may Salicylic Acid be prepared? Describe its actions, and enumerate other drugs producing similar effects. 6. Enumerate Diaphoretics. Discuss their possible mode of action, and give the doses in which they should be employed to produce diaphoresis.

B.—Honours Questions.

1. What are the official compounds of Zinc? How are they severally prepared? Describe the action of each. 2. Describe the modes of action of Emetics, and classify the official Emetics accordingly. Give the doses and the method of administration of each. 3. Enumerate the compounds of Lead in the Pharmacopœia. Give their physical and chemical characters, the modes of preparing them, and the official preparations derived from them. 4. Give an account of Nux Vomica, including its origin, its composition, its official preparations, and its actions. 5. How are Gallic Acid and Tannic Acid respectively prepared? Contrast their chemical compositions and their physiological actions; and enumerate their official preparations. 6. Contrast the physiological actions of Ether and Chloroform.

Materia Medica and Pharmaceutical Chemistry.—1. Enumerate the remedies, other than general Anæsthetics, intended for inhalation. Give full directions for the proportion of each inhalation, and mention the purpose for which each is employed. 2. What are the official varieties of Cinchona? Name the alkaloids derived from it, and describe the tests by which these may be distinguished. Discuss the antipyretic action of Quinine, and compare it with that of other drugs having a similar action. 3. Enumerate the drugs which influence the Arterioles, and give a full account of their action. Describe the methods by which they may be administered, and give their doses.

HEREDITY.

TREASURER'S PRIZE ESSAY.

Read before the Physical Society, Saturday, Mar. 22, 1890.

(Continued.)

Having now copiously illustrated the How, it remains to try and elucidate the Why. And here we must endeavour to steer a middle course between two opposite extremes. On the one hand we must not go to "Molecular Physics" for a mathematical demonstration of the phenomena. That is the kind of error that Hunter used to protest against. "The stomach, gentlemen, is not a stewpan, nor a mill, but a stomach, gentlemen, a stomach." And in avoiding Scylla we must be no less ware of Charybdis; I mean the tendency to check all materialistic explanation of the The Unknown with the old stock formula of "Vital force"; or in the language of modern science to have recourse to what Professor Burdon Sanderson calls "that worn-out *deus ex machina* 'protoplasm' to explain everything inexplicable otherwise." Theories as to Heredity and the determination of sex have been innumerable, dating from the most ancient times. It will be sufficient to notice the two main classes of these and then pass at once to our own times. On the one hand were the Spermatists, who regarded the ovum as a mere nidus or soil for the housing of the precious germ during its development, such germ being supposed to be a miniature of the male parent; the most eminent supporters of this view being Galen, Boerhaave and Leuwenhoek; and on the other hand the Ovulists, the most distinguished of whom were Pythagoras, Aristotle, Malpighi, Spallanzani, Bonnet and Haller. According to the latter view the sex and other characteristics were predetermined in each ovum, the influence of the father being merely to arouse its dormant powers. Truly, if microscopes could speak, they would say with Molière's famous character Sangarelle, *Nous avons changé toute cela.* And yet the latter view reminds us at once of Spencer's opinion, that the combination of elements from both sexes is necessary for the initiation of developmental changes, in order to overthrow the condition of molecular equilibrium which both elements had previously arrived at. Particularly

significant in connexion with this view is the occasional attempt at Parthenogenetic development of the ovum in the higher animals, which has been shown to occur in frogs' eggs, hens' eggs, and even in mammals (Balfour). First of all, we must admit that the male and female elements are physiologically equivalent. Strasburger, Weismann and Balfour agree in holding that the germs in the lowest organisms at least, even where there is apparent sexuality, are *not* differentiated; and further, in all cases, morphologically speaking, the male and female germs are identical. For instance in *Spirogyra*, besides reproduction by fission, which is the ordinary method, a sexual method termed Conjugation occurs under certain conditions. Two little processes appear on adjacent filaments opposite each other, and then join to form a hollow tunnel uniting the cell-cavities of two cells generally on different filaments. The protoplasm of one is emptied into the interior of the other, though it is quite impossible to discern any previous difference, indicating which will function as the active, and which as the passive cell.* As the filament decays, the cell-wall ruptures, and the fertilized protoplasm is set free to undergo rapid cell-division and become a fresh filament. When an *Amœba* takes it into its head to undergo fission (probably because food is plentiful, and it feels it would be a pity for such a blessing to be restricted to a single individual, when several may eat and be thankful at the same time), it simply *becomes* two individuals instead of one, or exists in two places at once. That either of these individuals should differ in any visible morphological character from the parent is inconceivable; in fact they are so similar that it would require an argument before the full bench to decide which had most claim to be regarded as functioning *in loco parentis* and which *in statu pupillari*. This gives us the foundation-stone on which the whole fabric of heredity rests: *Heredity is Identity*.

If we merely had to deal with family likenesses between *amœbæ* or *paramœcia* the problem would be comparatively a small one, but when we ascend higher in the scale the prodigious complexity of the process well nigh baffles our comprehension. "A single cell out of millions of diversely differentiated cells composing the body becomes specialized as a sexual cell, it is thrown off from the organism, and is capable of reproducing all the peculiarities of the parent body in a new individual springing from it by cell division and differentiation. How is it that such a single cell can reproduce the *tout ensemble* of the parent with all the faithfulness of a portrait? The answer is extremely difficult, and no one of the many attempts to solve the problem can be regarded as even the beginning of a solution, or as a secure foundation from which a complete solution may be expected in the future." Such is Weismann's opinion. Neither Häckel's *Perigenesis of the Plastidule*, or His's theory, nor Darwin's *Pangenesis* can be considered as giving any *real* explanation. The two former regard heredity as the transmission of certain kinds of motion. Darwin certainly goes to the very root of the question, but he is content to give "as it were a provisional or purely formal solution which, as he says, does not claim to afford insight into the *real* phenomena, but only to give us the opportunity of looking at all the facts of heredity from a common standpoint. It has achieved this end, and I believe it has unconsciously done more, in that the thoroughly logical application of its principles has shown that *the real causes of heredity cannot lie in the formation of gemmules or in any allied phenomena*." (Weismann.) Galton's experiments on transfusion in rabbits have shown that "gemmules" do not exist. Brooks' well-considered and brilliant attempt to modify the theory of *Pangenesis* cannot, says Weismann, escape the reproach that it is based upon possibilities which one might certainly describe as improbabilities, and, although the foundation of *Pangenesis* must be entirely abandoned, its author deserves great credit, and its production has been one of those indirect roads along which science has been compelled to travel in order to arrive at the truth. *Pangenesis* is a modern revival of the oldest theory of heredity, that of Democritus, according to which the sperm is secreted from all parts of the body of both sexes during copulation, and is animated by a bodily force; according to this theory, also, the sperm from each part of the body reproduces that same part. Now, as in the case of Lord Morton's mare we *can* understand the nutrition or mal-nutrition of the offspring being affected by the blood supply, or by any disease which we believe to be dependent on the presence of a specific virus or organism; but between all these and morphological characters there is a great gulf fixed, not to be bridged over by any amount of ingenious analogies.

Returning again to the question, How is it possible for a single cell to reproduce the entire organism? To understand the relation between germ cells and somatic cells, we must not only consider the highly differentiated multicellular types, but we may fairly expect to learn much by the examination of those traditional types which form the connecting link between multicellular and unicellular organisms. In addition to solitary unicellular organisms such as *amœba*, we know of others living in colonies of which the constituent units or cells (each of which is the equivalent of a single unicellular organism) are physiologically and morphologically identical. Such an organism is *pandorina*, belonging to the order *volvocineæ*. It forms a spherical colony consisting of ciliated cells, all exactly alike, and embedded in a colourless gelatinous mass. These colonies are propagated by the sexual and asexual methods alternately, although in the former case the conjugating cells cannot

* I see it stated in the most recent English edition (1889) of Prof. Strasburger's *Handbook of Practical Botany*, that in many cases it *is* possible before actual conjugation takes place to distinguish which cell is male and which female, since the latter swells out into a barrel-shape. It is, however, a fundamental truth in both Animal and Vegetable Physiology that the germ-cells of both sexes are merely greater or less specialisations in different directions of a primitively indifferent type, and their development can be traced back to materials morphologically and physiologically identical.

be distinguished as male or female. In both kinds of reproduction *each cell in the colony acts as a reproductive cell*, and in fact behaves exactly like a unicellular organism. From the fact that every cell in the colony behaves exactly alike, such an organism has been termed "homoplastid" (Götte). It is a fact of great interest that in another genus belonging to the same order, we find that the transition from the homo- to the heteroplastid condition, that is, the separation into somatic and reproductive cells, has definitely taken place. In *volvox* the spherical colony consists of two kinds of cells—some very numerous small ciliated somatic cells, and a much smaller number of large unciliated germ-cells. The latter alone possess the power of producing a new colony, which takes place by the sexual and asexual methods alternately, the process in the former case being eminently typical. The developmental processes then of the simplest heteroplastid organisms such as *volvox* should give us the clue to the history of the phylogeny of the more complex ones. Kirchner has distinctly stated that the germ-cells of *volvox* are differentiated very early during embryonic development. Weismann had asserted on theoretical grounds that it must be so before the observations were made. "Thus," he says, "*volvox* affords distinct evidence that in the phyletic origin of the heteroplastid groups somatic cells were not, as Nägeli supposes, intercalated between the mother germ-cell and the daughter germ-cells in each ontogeny, but that *the somatic cells arose directly from the former* with which they were previously identical, as they are even now in *pandorina*. Thus the continuity of the germplasm is established, at least for the beginning of the phyletic series of development."

The whole history of the maturation, fertilisation, and segmentation of an ovum may thus be stated after Weismann. Of course the whole cell is subservient to the nucleus, though whether any visible portion of this may be singled out as holding the reins of empire over the rest is as yet doubtful. The idioplasm of the nucleus is held to consist of two distinct substances, with different histories and different functions. (1.) *Germplasm* which has been passed on intact for countless generations and in virtue of which like begets like, and (2.) *Ovogenetic Nucleoplasm*, the function of which is to carry out the proper growth of the ovum previous to fertilisation. When this has been satisfactorily accomplished, the ovogenetic nucleoplasm, having fulfilled its duty, is, after regular cell-division, extruded as the *first polar cell*. The remainder of the nucleus now consists of ancestral germplasms of various natures, presumably the maximum number that the nucleus can contain. Similarly, the nucleus of the male element is also taken to contain a maximum number of germplasms derived from *its* ancestors. If the total number of germplasms contained in each cell were then simply summated we should have double the maximum number for a single cell. As it is, however, the nucleus of the ovum proceeds to a second cell-division, half of it, *i.e.*, half its ancestral germplasm being expelled and constituting the *second polar cell*. A precisely analogous reduction of the ancestral germplasms by one half is believed to take place in the development of the male element, but owing to the great complexity of that process, the occurrence has not been localized as occurring at any particular stage, though it is well known that cell-division does take place repeatedly (vide H. H. Brown's drawings of *spermatogenesis* in the rat in Schäfer's *Essentials*). Fusion now occurs between the male and female pronuclei resulting in the formation of a single nucleus, again containing the maximum number of ancestral germplasms, but (considered from the point of view of the ovum) half of them are new to it. Segmentation then takes place, the cells produced being *reproductive*, and opposed to these *somatogenic*. All the reproductive cells will contain a portion of the germplasms which existed in the original fertilized ovum on the formation of the first segmentation nucleus, and will therefore pass on these germplasms to the next and subsequent generations. The somatogenic cells will develope into the soma, and though they will also each contain a minute quantity of germplasm, yet in the process of specialisation and differentiation they have lost the power of reproducing the entire organism, while cells similar to themselves they *can* produce for a large though limited number of generations. Such is an outline of Weismann's hypothesis.* Probably more light has been thrown on the subject by accurate observations on the polar cells than by anything else. So long as they were looked upon as an "excretion," a process of purification, a "rejuvenescence of the nucleus," or even as the "excreta" (!) of the egg it is not wonderful that little was to be learnt from them.†

(To be concluded.)

* I am indebted to Mr. T. R. Taylor, B.Sc., for the following note on Sachs' views as to hereditary transmission in plants. They seem to me very similar to those of Weismann. "Goebel has recently shown that the cells from which the proper sexual cells are formed may be recognized when all the surrounding tissue is still embryonic." Sachs says, "The differentiation of the two sexual products thus begins in the interior of growing points, and the product of the sexual union is an embryo whose tissue is identical with that of a growing point, and from which the first growing points of the new plant are to be derived as remnants. *Thus, strictly speaking, sexual reproduction is no more calculated to produce a new organism than is asexual;* the elements from which the embryo arises are simply products of a previous plant. And finally, we may say that what has since the beginning of organic life on earth continually maintained itself alive amid the perpetual change of all forms in the continuous alternation of life and death, and has continuously regenerated itself in the embryonic substance of the growing points, which in certain cases becomes differentiated into male and female, and these unite again subsequently." Professor Sachs' words are very pregnant of meaning, and if not actually explaining, at any rate point out how and in what direction we must seek an explanation of hereditary phenomena."

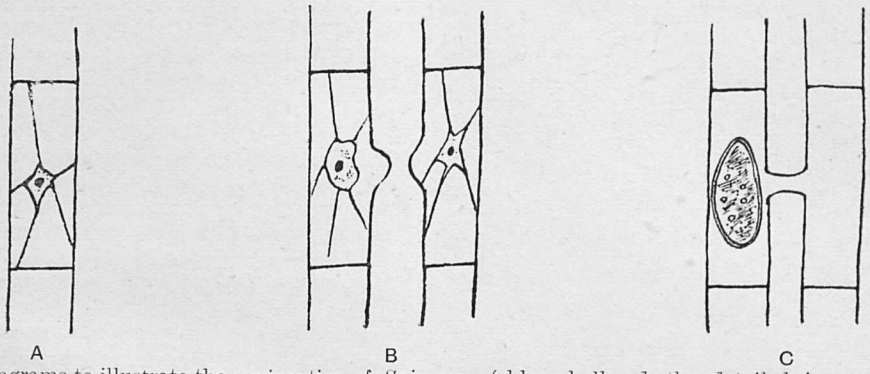
† They were first observed in 1837 by Dumortier.

THE COLLEGE LIBRARY.

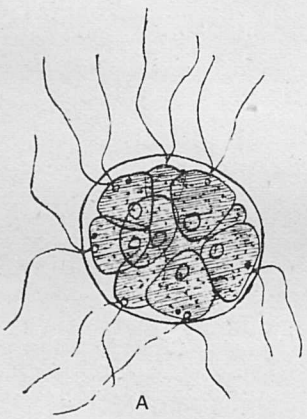
SIXTH LIST OF DONATIONS.

Amount already advertised	£191	12	6
J. F. Goodhart, Esq., M.D.	5	5	0
G. Newton Pitt, Esq., M.D.	3	3	0

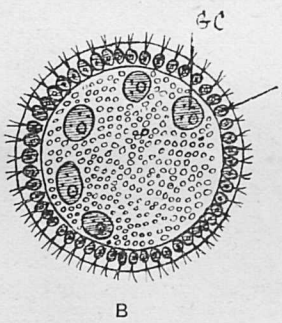
HEREDITY.



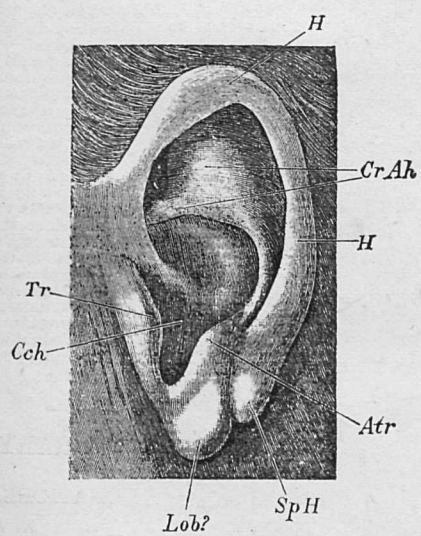
I. Diagrams to illustrate the conjugation of *Spirogyra*, (chlorophyll and other details being omitted).



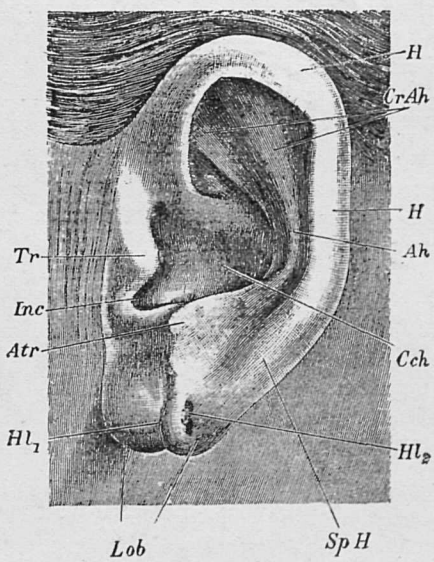
II. *Pandorina morum* (Weismann, after Pringsheim). Somatic cells and germ cells identical (Homoplastid).



A young individual of *Volvox minor* (Weismann, after Stein). The constituent cells being divided into somatic cells (S.C.) and germ cells (G.C.), *i.e.*, Heteroplastid. The germ cells are still too young to have been differentiated into the large ova and small spermatozoa they afterwards become.



Ear of Mother.



Ear of Son.

III. *H.* Helix. *Cr. Ah.* Crura anthelicis. *Ah.* Anthelix. *Cch.* Concha. *Hl*$_1$ *and Hl*$_2$ Holes for ear-rings. *Lob.* Lobule. *Sp. H.* Spina helicis. *Inc.* Incisura intertragica. *Tr.* Tragus. *Atr.* Antitragus. (From Weismann).

Passim.

The Summer Session ended last Saturday, and we wish everyone a very pleasant holiday and the best of weather. Those who have recently passed in the various Examinations will want little to fill the measure of their happiness, and we hope that our less fortunate brothers will gain strength for another attack.

The next issue of the Gazette will appear during the Summer Vacation, and the Special Number for New Students about Sept. 27th.

It was with deep regret that we received the news of the death of Dr. T. O. Raw a few days since. He was well known to most of us, both as a Fellow-student and a prominent member of the Football Team. We desire to express our sympathy with his friends in their bereavement.

Messrs. A. Shillitoe and J. B. Leathes have been appointed Assistant Demonstrators of Anatomy for next Session.

The First and Second Years' Prizes have been awarded as follows :—

First Year.

A. H. Leete	... ...	First Prize, £50
J. A. Howard	... ...	Second Prize, £25
L. E. Every-Clayton	...	Certificate
G. E. Manning	... ...	"

Second Year.

A. J. Sharp	... ...	First Prize, £25
C. S. Pantin	... ...	Second Prize, £10
F. G. Hopkins	... ...	Certificate
W. J. Johnson	... ...	"
F. J. Coleman	... ...	"

The Triennial Astley Cooper Prize of £300 has been awarded to W. Watson Cheyne, Esq., for his essay on "Tuberculosis of Bones and Joints." This Prize was founded by Sir Astley, who left £4,000 in his will for that purpose. In another column will be found the names of all the successful candidates, and the subjects of their essays, since the foundation of the Prize. In the competition for 1877 the best essay was contributed by two German Physicians, Eulenberg and Guttmann, but their work was disqualified on the ground of its being a joint production.

A Complimentary Dinner was given to Dr. Pavy on July 12th, at the "Ship," Greenwich. Mr. Durham occupied the chair, and proposed the toast of the evening, which was ably seconded by Dr. Pye-Smith. In his reply Dr. Pavy gave some interesting accounts of the changes and growth of the Medical School and Hospital within his recollection. When Senior Demonstrator of Anatomy he was called upon to deliver the Lectures on Anatomy during the temporary absence of the usual Lecturer. In recognition of the ability with which these services had been performed, he was presented with a testimonial signed by the students of that time. This treasure was shown by Dr. Pavy at the dinner, and among the signatures were those of Walter Moxon and Arthur Durham.

We are not accustomed to see the busy Borough blazing with bunting, but Thursday was a red-letter day, and Southwark loyally welcomed its Prince. The Royal visitors were received at the Evelina Hospital, and the Princess conscientiously inspected the occupant of every cot in one of the large wards, and seem to take a keen interest in a demonstration of the virtues of Bryant's splint. The Prince was specially pleased to hear that the Wards were just as they always are. *Verb. Sap.*

The Green and Brown Books for next year have just been issued.

APPOINTMENTS.

Keiffenheim, L. W., M.B., B.S. Durham, M.R.C.S., L.R.C.P., has been appointed Resident Clinical Assistant to the South-Western Fever Hospital, Stockwell (Metropolitan Asylums Board).

PASS LIST.

SECOND CONJOINT EXAMINATION.

ANATOMY AND PHYSIOLOGY.

Bearblock, P. E.	James, R. G.
Beddoe, D. M.	Jimenez, G.
Biggs, J. J. E.	Lawson, W. C.
Bush, F. N.	Moorshed, C. W.
Channing-Pearce, A.	Parry, L. A.
Compton, J. H.	Pendred, V.
Cooper, H.	Philps, F. G. N.
Edwards, F. H.	Reid, E.
Hinds, H. A.	Robinson, F. A.
Hacquoil, P. H.	Williams, J. O.

Worthington, O. C.

ANATOMY ONLY.

Allan, A. P.	Culmer, J. W.
Bettington, J. H.	Henderson, R.
Coleman, J. G. B.	Hunt, E.
Creak, A. B.	Silver, E. E. S.

Tuck, E. S.

PHYSIOLOGY ONLY.

Buchannan, A. G.	Lockyer, G. E.
Hoare, E. S.	Martin, D. A. W.

Skinner, G. A.

FINAL CONJOINT EXAMINATION.

The following gentlemen have, as far as we have been able to ascertain before going to press, passed as follows :—

COMPLETED THEIR 2ND CONJOINT EXAMINATION.

Bryant, J. H.	Prime, C. J.
Hogarth, B. W.	Richards, J. S.
Hodgson, H.	Stevens, T. G.
McGregor, G.	Vicars, F. G.
Mitchell, E. J. D.	Webber, H. W.
Pollock, R. G.	Wohlmann. A. S.

PASSED IN SURGERY ONLY.

Clowes, N. B.	Richards, N. L.
Featherstone, G. W. A.	Thorne, J. M.

PASSED IN MEDICINE ONLY.

Knapp, G. H.	Rooke, E. M.
Ralph, C. H. D.	Rygate, H. P.

PASSED IN MIDWIFERY ONLY.

Higgs, W. A.	Lumley, F. D.

Osborn, F. A.

APPOINTMENT LIST.

Obstetric Residents.—Messrs. H. J. Holman (October); H. A. Smith (November); R. G. Pollock (December).

Clinical Assistants.—Messrs. E. S. Blaker, E. W. Wheatcroft, S. J. Roberts, A. T. White, C. R. A. Sutton, E. M. Pilcher.

Dressers in the Eye Wards.—Messrs. W. D. Spurrell, C. H. D. Ralph (Mr. Higgens), September; A. E. Kelsey (Mr. Brailey), September; A. C. Elliman, J. W. Smith (Mr. Higgens), November; E. M. Dobinson, V. J. Hodgson (Mr. Brailey), November.

Surgeons' Dressers.—Messrs. E. Cornish, J. W. F. Jewell, H. A. Bryant, F. A. Osborne, W. G. Rogers, W. H. Dixon, W. F. Colclough, D. S. Long, J. M. Thorne, E. H. Cartwright, A. E. Tebb.

Post-mortem Clerks.—Messrs. A. L. Roper, J. D. Thomas (October); H. B. Bolus, T. J. Mills (November); J. J. Browne, E. H. Cartwright (December).

Medical Ward Clerks.—Messrs. C. F. Wakefield, P. Lord, E. E. Frazer, J. H. Muncaster, E. P. H. Lalham, H. J. L. Wales, T. S. Jackson, T. S. Robson, F. C. Stearn, C. C. Elliott, A. H. Godson, G. F. Birdwood, J. R. Evans, F. C. Young, J. S. Barnes, F. M. Turner.

Assistant Physicians' Clerks.—Messrs. H. V. Barr (Dr. Pitt); C. E. Salter, E. T. E. Hamilton (Dr. Perry); W. T. B. Donnelley, A. M. Daldy (Dr. Washbourne); T. H. Evans (Dr. Shaw).

Obstetric Out-Patients' Clerks.—Messrs. J. Young, R. H. Lace, W. E. Alston (1st half); A. G. Buchanan, J. H. Busteed (2nd half).

Obstetric Ward Clerks.—Messrs. A. E. Norris, H. Meyrick-Jones, A. Allport.

Dental Surgeons' Dressers.—Messrs. C. E. Pollock, V. H. Barr (Oct. and Nov.); J. Young, A. G. Buchanan (Dec. and Jan.).

Dressers in the Throat Department.—Messrs. F. G. Saffery, J. Fawcett, H. E. Richardson, C. E. Pollock.

Assistant Surgeons' Dressers.—Messrs. H. E. Worthington, H. B. Wilkinson, W. D. Loveday, T. H. Holmes (Mr. Golding-Bird); A. T. Rake, R. L. Wason, T. D. Lister, T. B. P. Davies (Mr. Jacobson); W. H. B. Hall, O. C. Worthington, C. B. Braithwaite, R. M. May (Mr. Symonds); E. E. B. Landon, S. G. Floyd, W. A. Haslam, H. St. J. Frazer, (Mr. Lane).

Surgical Ward Clerks.—Messrs. F. P. Bush, R. C. Kirkby, P. McK. C. Wilmot, F. A. Robinson, H. A. Hinds, P. E. Bearblock, E. Reid, H. D. Eccles, J. W. Taylor, C. S. Pantin, A. J. Sharp, R. E. G. Phillips, H. Cooper, W. J. Harris, M. Craig, F. M. Day, C. E. Cooper, J. H. Godson.

Assistant Surgeons' Clerks.—Messrs. E. S. Dukes, E. Ransome (Mr. Golding-Bird); D. M. Beddoe, W. Bligh (Mr. Jacobson); R. H. Luce (Mr. Symonds).

July 31st, 1890.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—As the structure of muscle fibre seems to be of interest to your readers I send you the following account given by Sir Everard Home, in his lectures on Comparative Anatomy, published 1828. "My principal aim was to come at the structure of a single muscular fibre; this, by perseverance and the aid of Mr. Bauer, I have been enabled to do. A fasciculus of fibres was taken from the large straight muscle occasionally employed for

raising the bullock's head. There was considerable difficulty in disengaging the individual fibres arising from the great tenacity of the gelatinous substance by which they are held together, and warm water became necessary to make it yield.

The fibres consist of rows of globules deprived of their colouring matter, $\frac{1}{2000}$ part of an inch in diameter, and there is no doubt of these and blood globules being the same. The size of the globules is the same in all quadrupeds. C.E.P.

Dear Sir,—The following account of an inquest and post-mortem is an extract from a local paper. I should think that a "clotted heart," with "inflammation of the dividing membrane," would be rather a marvellous pathological specimen. The jury evidently understood what was meant for they returned a verdict of "Death from natural causes.

"*Inquest on a Child.*—This afternoon a Deputy Borough Coroner held an enquiry into the circumstances attending the death of Edward Daniel Snooks, aged six years and six months. The mother said that the child appeared unwell on Wednesday after coming in from play. He got worse on Thursday night. Dr. Sawbones prescribed for the boy, but he died the same night. The doctor said he found the boy dying, and he attributed death, after making a post-mortem examination, to asphyxia, produced by inflammation of the dividing membrane of the heart, which had clotted the heart. Asphyxia was produced by the detaching of the clot, which choked the pulmonary artery. The jury found a verdict of death from natural causes."—I am, &c.,

G. M.

POISONING BY ROBURITE.

Sir,—Perhaps the following notes of a case of poisoning by "Roburite" may interest your readers:—

Urgently called to T. G., æt. 16, at 9 A.M. Upon enquiry, the mother admitted that she had been recommended to sprinkle "Roburite" upon the floor of her son's bedroom to clear out cockroaches. In this room also slept a male friend for the one night.

When first seen.—T.G. was cyanosed, blue-black in hue, including his nails, tongue, lips and mouth. Temperature subnormal, shaky, cold, dyspnœa, respiration being very hurried and laboured. Pulse 135, very weak, great depression.

Treatment.—Removal from room immediately; stimulants of all kinds, medicinal and otherwise; hot milk and beef tea. Hot water bottles to all parts of body. Patient put into hot blankets. The other lad was not much affected, although slightly cyanosed. Evidently the inhalation of the Roburite caused the mischief. Gradually T. G. improved, but at 5 P.M. a relapse occurred, but he rallied again, and on the third day the temperature was normal, after which recovery was rapid.

Remarks.—Specialists hold—

1. "That the fumes of Roburite, when inhaled into the system, are exceedingly deadly, even in the smallest quantities."

2. "That when these fumes are inhaled into the system in a coal-mine they carry with them two poisonous gases, viz., nitric oxide and carbonic oxide."

3. "That *incomplete* combustion of 'Roburite' allows the deadly element of the composition, *Nitro-benzene*, to escape and freely mix with the air, and therefore breathed or absorbed by contact with the skin."

Of course in this case there was no probability of combustion.—I am, &c.,

Maryport. W. H. SPURGIN.

ASTLEY COOPER PRIZE WINNERS.

1844	J. Simon, Esq. "The structure and uses of the Thymus Gland."
1847	Dr. Halahan. "The structure and uses of the Suprarenal Capsules."
1850	Dr. Wharton Jones. "On Inflammation."
1853	Henry Gray, Esq. "The structure and functions of the Spleen."
1856	Dr. B. W. Richardson. "The causes of the Coagulation of the Blood."
1859	Dr. Crisp. "The structure and uses of the Thyroid Body."
1862	Dr. Crisp. "The anatomy, physiology, and pathology of the Pancreas."
1865	Jonathan Hutchinson, Esq. "Head Injuries and their treatment."
1868	P. M. Braidwood, Esq. "On Pyæmia."
1871	*Not awarded.* "The anatomy and physiology of the Lymphatic System."
1874	Dr. D. J. Hamilton. "Injuries and disease of the Spinal Cord."
1877	Dr. Wood. "The anatomy, physiology, and pathology of the Sympathetic System."
1881	*Not awarded.* "On the Cranial Nerves."
1884	Dr. W. Alexander. "Chronic Rheumatic Arthritis."
1887	A. Bowlby, Esq. "Nerve injuries and their treatment."
1890	W. Cheyne, Esq. "Tubercular diseases of Bones and Joints."

CLINICAL INSTRUCTION IN INFECTIOUS DISEASES.

We wish to bring before the notice of our readers the fact that some of the fever hospitals of the Metropolitan Asylums Board are now, under certain conditions, open to the medical students of London for the purposes of clinical study. Hitherto in spite of the abundance of material in the metropolis the large majority of London medical students have received no clinical teaching whatever in that important class of diseases, the exanthemata. True, enterica is to be seen in all the general hospitals, but of scarlatina, measles, and small-pox, on account of their infectious nature, only a few stray cases can be hurriedly observed by the student during his hospital course. Into the fever hospitals of the

Metropolitan Asylums Board are admitted cases of enterica, diphtheria, scarlatina, small-pox, and typhus fever, of the two latter affections but very few cases have occurred lately, but the number of admissions for scarlatina is on the increase. Let it be noted that cases of measles (whether rötheln or morbilli) are not treated in these hospitals, yet to see the scarlatina patients alone it is quite worth the students while to visit one or other of the Board's hospitals. It has been mentioned above that any student who wishes to avail himself of the clinical study now open to him has to comply with certain conditions. A copy of the rules and regulations to be observed by students is before us, and we will summarise them as briefly as we can. To begin with, the student must have completed his third year of medical education and have held the office of clinical clerk and dresser (*i.e.*, at Guy's, surgical and medical wark clerk and assistant-surgeon's dresser). He must obtain from the medical school to which he is attached a written permission saying that he is so qualified to study in the fever hospitals. Taking this written authority with him he must attend at the office of the Metropolitan Asylums Board at Norfolk House, Norfolk Street, Strand (close to the Temple station), on any week days (except Saturday) at any time between 10 a.m. and 5 p.m. Upon producing his authority and paying the fees to the clerk of the Board, he is required to sign a formal declaration of his willingness to be under the control of the medical superintendent of the fever hospital to which he may be attached while within such hospital, and also to obey the rules with regard to disinfection. The fees are three guineas for the first two months, and an additional guinea for each subsequent month; the minimum duration of the course of studying is two months. To obtain a certificate the student must attend at least twice a week during these two months, but he is at liberty to attend at least three days a week if he likes. The fees having been paid and the declaration signed, the student is furnished with a card stating the hospital to which he is to be attached, and the hours at which he should attend. A register of the attendance of each student will be kept at the fever hospital at which he visits.

It is not necessary here to enter into any details as to the rules for disinfection, for the student will be informed upon his arrival at the fever hospital what precautions are to be taken. Suffice to say that he will be required to wear a suit of brown holland overalls while in the wards of the fever hospital (coat, trousers and cap); these will be provided at the hospital; that he shall satisfy the medical superintendent that he is sufficiently protected against small-pox, and that he "shall keep his hair cut short;" this, in our opinion, absurd rule does not state *how* short the hair is to be cut.

Any student committing a breach of discipline while at the Fever Hospital is liable to be suspended from attendance by the Medical Superintendent, and will be reported to the Dean of the Medical School to which he belongs.

These regulations do not state the hours of attendance at the Fever Hospitals, perhaps because they will be different for the different Hospitals. Nor does it appear whether the student has any choice as to which fever hospital he will attend; if any choice is allowed, then the South Eastern hospital which is close to the Old Kent Road Station (L.B.&S.C.R.) is the nearest to Guy's. We imagine that the clinical instruction will consist of demonstrations by the medical superintendent or any of the assistant medical officers, together with the reporting of cases.

THE HUMAN FRAME.

I have a large box, lids two, caps two, and musical instruments; and a great many articles a carpenter cannot do without.

Then I have always about me a couple of good fish; and a great number of a small tribe.

Two lofty trees, fine flowers, and the fruit of an indigenous plant; a handsome stag, two playful animals, and a great many of a smaller and less tame breed; two halls or places of worship—a number of weather-cocks.

Weapons of warfare, the steps of an hotel, the House of Commons on the night of a division.

Two students or rather scholars. Ten Spanish grandees to wait upon me.

All pronounce me to be a wonderful piece of mechanism, and yet few, perhaps, have numbered up the strange medley of things which make up my whole.

VACCINATION.

Abstract of a paper read before the Kingston-on-Thames Debating Society, by R. Capes, M.R.C.S., L.R.C.P.

(Continued.)

In 1801 Jenner stated that upwards of 6,000 persons had been vaccinated and that the far greater part of them had been subsequently inoculated with smallpox matter and exposed to its infection in every rational way but without contracting the disease. This statement was subsequently confirmed by other observers, notably by Dr. Woodville of the smallpox hospital. That is indeed a hard nut for anti-vaccinators to crack and I should like to hear a rational explanation why these persons, who had been vaccinated and subsequently not exposed to the mere infection, which is catching enough, but who were inoculated with the disease, did not develop small-pox.

The protection which vaccination affords against small-pox is manifested in two ways: first, by the immunity from that disease which as a rule it confers; secondly, by the modification which, when immunity is not complete, it induces in the course and severity of the disease

in the majority of cases. The most precise of the numerous facts which exist in proof of this, are those derived from the Smallpox Hospital in London, where it has been found that while smallpox in the unvaccinated patients runs an unmodified course in all but 2·6 p. c., its course in vaccinated patients is modified in 73 p. c.; and that, while the death rate of natural smallpox is 35·55 p. c., that of post-vaccinal smallpox is but 6·56 p. c. Few people have ever realised the awful destruction wrought by smallpox in unvaccinated populations. In 1779, smallpox in Mexico caused in the capital alone 9,000 deaths out of nearly 39,000 cases, and in the same city in 1797 it caused 4,451 deaths out of 24,516 cases. In 1829–30, when smallpox was most severely epidemic, vaccination was almost always protective. In 1830–31, there died in New Leon 1,740 persons, but not a single vaccinated person contracted the disease. In Brazil, in 1563, smallpox extirpated whole races of men. About the same period, in the single province of Quito, 100,000 Indians died of smallpox. In later days Siberia and Kamsckatka have been ravaged in a similar way. Again and again this dreadful pestilence has depopulated Greenland and Iceland.

Before Jenner's discovery most persons who had reached the age of twenty-one, had experienced an attack of smallpox. The annual ravages of smallpox in Europe alone has been estimated at half a million of lives. In France and Sweden it is reckoned that one-tenth of the deaths were caused by smallpox. In London, smallpox, when not at its worst, averaged a fourteenth of the annual total of deaths. But let the dead past bury its dead, and let us look on the more pleasing picture of the present.

On July 22nd, 1887, Mr. O'Connor, in the Committee of Supply, moved a reduction of £16,500, that being the amount allocated for public vaccinators. Mr. Ritchie, in opposing this, quoted the following statistics to show the efficacy of vaccination:—From 1847–1853, before compulsory vaccination, the death rate per million from smallpox was 1617; from 1854–1871, when vaccination was compulsory but inefficiently carried out, the death rate per million was only 817; and in 1872, when vaccination was more effectively carried out, the death rate per million was only 323. Mr. Ritchie adds, "It is calculated that from 1853–1880, no fewer than 22,000 children had been saved by vaccination." On census night in London, 1881, the population under ten years was 916,784; of these it is estimated that in round numbers about 55,000 were unvaccinated, and 861,000 vaccinated. In 1881, 782 deaths occurred from smallpox in the 55,000 unvaccinated, and 125 deaths from smallpox among the 861,000 who had been vaccinated.

(To be continued.)

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Sport.

CRICKET.

GUY'S 2ND XI. v. CHRIST'S COLLEGE 2ND XI.

Played at Finchley Saturday, July 12th. Guy's lost by two runs, mainly due to bad fielding. It must be said, however, that previous to this match we have had five consecutive matches scratched chiefly through bad weather, and as it was we played one short, on a terribly bad wicket. In the match on May 17th against the same team we won easily by 88 runs.

Guys—1st innings, 36 runs; 2nd innings, 56 runs. Christ's College—1st innings, 38 runs.

GUY'S 2ND XI. v. DULWICH COLLEGE 2ND XI.

Played at Dulwich Wednesday, July 16th. Another very disappointing defeat, we losing this time by only four runs; the result would certainly have been different if one of the mainstays of the team both in bowling and batting, had not considered it expedient to absent himself after having faithfully promised to turn up. In the second innings, as is very often the case, our team fairly mastered the bowling. Todd's batting was certainly the feature of the match.

GUY'S

1ST INNINGS.		2ND INNINGS.	
C. M. Vernon, b Shand	4	not out	32
H. L. E. Wilks, b Jordan	17	c Gillingham, b Vaughan	20
D. B. Todd, not out	39	c Gillingham b Jordan	21
S. G. Layman, l b w, b Vaughan	17	c Shand, b Gillingham	28
H. C. Sharp, b Jordan	1	b Jordan	7
T. M. Nicholson, b Jordan	1	b Jordan	1
C. E. Carpmael, b Jordan	1	did not bat	
S. S. Cresswell c Hine, b Jordan	4	did not bat	
H. Meyrick-Jones, b Jordan	4	not out	26
W. H. Jewell, b Jordan	0	did not bat	
Extras	5	Extras	21
Total	92	Total	156

DULWICH COLLEGE.

Gillingham (i), b Layman	30	C. Saunduson, b Sharp	0
H. C. Royle, b Sharp	22	P. W. McDougell, b Sharp	2
G. Jordan, l b w, b C. Sharp	0	Gillingham (ii), c Cresswell, b Layman	6
G. H. Shand, b Sharp	0	T. M. Hine, b Sharp	4
A. H. Vanqulin, c Vernon b Layman	4	C. Hurlbatt, b Layman	3
N. Pike, not out	17	Extras	8
		Total	96

2ND XI. AVERAGES.

	Total Runs.	No. of Innings.	Times not out.	Highest Score.	Average
D. B. Todd	144	4	1	82	48
H. L. E. Wilks ...	133	7	0	47	19
G. M. Pratt	134	9	1	46	16·75
J. Lang	42	4	1	32*	14
C. M. Vernon ...	84	7	1	32*	12
C. A. Ensor	70	6	0	44	11·66
H. C. Sharp	51	5	0	36	10·2
R. H. Fagge	15	4	2	9*	7·5
W. H. Jewell	41	12	3	16	4·55

The above played in four innings and upwards, and have averages above 4.

The following played under four innings, and have averages of 4 and upwards;—

E. J. Budge	26	2	1	23*	26
H. Meyrick Jones ...	30	3	1	26*	15
J. Moore	14	2	0	11	7
J. J. Biggs	8	2	0	4	4

Three members of this year's cup team played for us, viz.:—

S. S. Layman	45	2	0	28	22·5
E. S. Tuck	25	4	0	14	6·25
C. Fagge	10	2	0	5	5

BOWLING ANALYSIS.

	Total Balls.	Maidens.	Runs.	Wkts.	No Balls.	Wides.	Average
C. A. Ensor ...	207	19	58	22	0	0	2·63
H. C. Sharp ...	62	1	27	5	0	0	5·4
W. Culmer ...	105	5	53	7	0	0	7·55
C. M. Pratt ...	222	7	107	15	8	0	7·66
T. M. Nicholson	205	12	100	13	0	1	7·7

N.B.—The above analyses do not include the two Dulwich College matches and that against the R. M. A., when the analysis were not kept. Culmer and Sharp each obtained six wickets; Ensor and Pratt taking one each.

The following have bowled, but have not taken ten wickets:—

J. J. Bigg ...	51	4	14	5	0	0	2·8
S. S. Cresswell	19	1	9	2	0	0	4·5
W. K. Steele ...	45	4	18	3	0	0	6
J. Moore ...	77	4	27	4	0	0	6·75
E. S. Tuck ...	74	1	32	3	0	0	10·66

S. G. Layman took four wickets; R. Henderson and H. B. Thurston one each.

Taking a review of the past season, I find that out of fifteen matches arranged we have only played nine, having won three, drawn two (both in our favour), and lost four. Out of the four matches lost, three most certainly should have been ours, viz.: the last three played. The annexed averages and analyses speak for themselves. Before concluding I must thank the thirty gentlemen, especially those who have filled vacancies at the last moment, for playing, thereby helping me to perform a Secretary's somewhat arduous task of raising fairly representative teams.

C. E. CARPMAEL.

Birth.

FARR.—On July 5th, at St. Heliers', Ealing, the wife of Ernest Farr, M.R.C.S., L.S.A., of a son.

Marriage.

TUBBY—PAYNE.—On July 15th, at Trinity Presbyterian Church, Clapham Road, Alfred Herbert Tubby, M.B.,B.S., Lond., F.R.C.S., of Finsbury Circus, E.C., son of the late Alfred Tubby, of Chelmsford, to Beatrice, second daughter of William Payne, Esq., of Kennington Road, and the Guildhall, London.

Advertisements.

LOCUM TENENS.—WANTED.—Any Gentlemen who may be willing to act as Locum Tenens should leave their names at the Medical Office without delay, as there are several vacancies for July and August.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

TO LET.—FURNISHED APARTMENTS.—Good bed and sitting rooms. Terms moderate. Five minutes from Norwood Junction. Good train service to London Bridge. No other lodgers.—Apply E. A., 47, Penge Road, South Norwood.

A GUY'S MAN, practising in best part of West of England, is desirous of obtaining a Resident Patient, either child or adult. Every consideration given, and terms moderate. Apply in first instance to Mr. Wells, Medical Office, Guy's.

A Doubly Qualified Guy's Man, living in a healthy and bracing part of Devonshire, desires a Resident Patient, convalescent preferred. Shooting, fishing, tennis club near at hand.—Apply Dr. T., Morchard Bishop, Devon.

A medical man, living within 20 minutes' walk of Guy's (tram fare 1d), has large sitting room and double-bedded room to let to two students. Terms 50s. per week including board. No extras, except washing of personal linen.—Apply to Q, c/o Mr. Wells, the office, Guy's.

BERLIN CONGRESS. Wanted a Gentleman to Report the Proceedings of the Insanity Section. French and German necessary. Suitable remuneration given.—Apply to Mr. WELLS, Guy's Hospital, S.E.

PRACTICE for disposal in New Zealand. Income between £600 and £700 per annum. At present held by an old Guy's man. Full particulars as to fees and locality may be obtained on application to Mr. Wells, Medical Office, Guy's.

WANTED by a trebly qualified Guy's man, aged 27, a small country practice or partnership. Four years' experience in general practice.—Apply B. H., care of C. H. WELLS, Esq., Medical School, Guy's Hospital, S.E.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

AUGUST 30, 1890.

EDITORIAL.

THE editorial fire is not burning low for want of combustible contributions, nor does the editorial waste paper-basket lack goodly store of MSS; yet the toil-worn Editor is not seated in his arm-chair, but reclines supine upon a towering headland, beneath which thunders blue Neptune unceasingly, many leagues, many leagues, onward from the dirt and din of the Borough. In such sort,

Alone with Nature, and with Nature's God,

he muses on poetry, and cons o'er battered MSS.

One of the compositions on the opening of the College was a work of some pretension, and here and there we can discern the genuine *furor poëticus*. The quality is, however, very unequal in parts, and it is not suitable for publication as a whole. It begins thus impressively—

As the world grows, as on the ages roll,
Time writes inscriptions on the æval scroll,
Marks with a hand round, legible, and bold,
Culture's sure progress, Fashion's changing mould.
Behold his latest annotations shew
How rowdy customs fade and manners grow;
He drives Pickwickian fables from our eyes,
And shews us Sawyer in a different guise.

In former times in lodgings bleak and bare,
In classic Lant Street, or in Merrick Square,
He smoked his pipe, and read his well-thumbed Gray,
Or tried at penny nap to pay his way.

* * * *

Such times are changed; the merry wag no more
Drinks his three bottles, and affects the floor,
Wrenches off knockers . . . .

The general improvement in the modern medical seems much greater than we should have ventured to think.

Here widely read and scorning modern cram
The young physician studies epigram,
And wishing style as well as art to please
Spends his spare moments learning Moxonese.

Such an individual must indeed be a *rara avis*. We have even known people who have been unkind enough to hint that the orthography and caligraphy of even leading members of the profession were not invariably above criticism. The College buildings inspire our poet with real eloquence.

Behold a fabric marked by strength and taste,
Quite an oasis in a warehouse waste;
With noble turrets and with oaken doors,
Boasting a spacious quad and polished floors,
And, as the age is one of constant movements,
With "all the latest sanitary improvements."

His account of the G.O.M. contains some masterly hits of caustic satire.

Great Gladstone comes to ope this handsome pile,
Scholar, Wit, Orator, and Hope of Erin's isle.

* * * *

Learnèd in Homer and Assyrian stones,
Both skilled in figures, and in storing tomes;
Snatching from cares of State a moment's ease,
A woodman's skill is his in felling trees.
The Church of England knowing all about,
Has a spare word for "philosophic doubt,"
Authority upon the Irish question,
And even on the Ethics of Digestion.

* * * *

Fit he should see how every day is done
Help to the needy, aid to everyone.
A contrast to the uselessness and use
Of vulgar bombast or of stale abuse,
Which in the Senate he adorns to-day
Hinders all progress—fritters time away.

We quite agree with him, and have long since 'chucked' politics as a hopeless, miserable, bad job. Therefore, we venture to italicize the last line. One touch of Nature makes the whole world kin, and our poet sings feelingly—

Behold the *Ship*, that twice historic inn,

* * * *

A nucleus of hospitality,

not, however, entirely in good taste. His peroration is almost as ambitious as his prologue.

Why should the bard the countless comforts sing,
The endless blessings our New Buildings bring?
The man to whom all this and more we owe,
It is to him our memories should go.
Behold his statue in our dusty Square,
(It might be kept a little brighter there);
And though of course we keep his memory green,
'Twould be as well to keep his statue clean.
A man of noble acts and kindly looks
(Though Byron thought Barabbas published books);
We sing his praises, sound his fame on high,
And, heeltaps barred, we drink to Thomas Guy.

We are much obliged to him for his contribution, and beg pardon for mutilating it in this way.

The next poem shows us the poet wooing his Muse in genuine Epic style.

"Of arms (not amputated) and of men,
Of how was raised a mighty citadel

For Æsculapius' sons a dwelling-place,
And of the festive banquet in the hall,
Sing thou, O sacred Muse. Stint not thy song:"

* * * *

Thus wailed the poet in the stilly night,
With invocations wild unto his Muse.
The while, with frenzied fingers tightly clasped,
His pallid brow he smudged with Stygian ink.

Rather an unnecessary disfigurement we think, but it would have been a good opportunity for testing the virtues of Pears' Soap. The Muse turns out to be a mercenary individual, and wants to know first the remuneration offered.

Then eagerly the anxious poet cried,
"A golden guinea from the Guy's Gazette
Shall be thy guerdon. Guide thou then my pen
And I will write in words of living fire."

This ambitious result, we are sorry to say, was never realized. The Trades' Union doctrines of Messrs. Hyndman and Burns had infected even Parnassus, and the Muse struck for an eight-hours working day with 2d. per diem rise in wages. Our poet was therefore thrown upon his own resources, which did not enable him to complete the poem. We wish all contributors to the Gazette would write half as legibly as this contributor. Another poem from an old Guy's man who qualified in 1828 does not call for editorial comment here.

We have received from the author *The History of the Medical School and Durham College of Medicine*, by Dr. Embleton, F.R.C.P., &c. In its infancy the School had great difficulty in obtaining subjects for dissection, and the first subject dissected there was obtained by a voluntary offer and sale on this wise:—An elderly, humpbacked cutler, who made instruments for the Infirmary surgeons and others, offered to sell his body for the modest self-estimated sum of £10. The offer was accepted, and the money paid. The reason given by the instrument-maker for this almost unique self-sale was, that as he had made money in his trade through the medical profession, they should have his remains to benefit the School. It was understood that he had no relatives whose feelings could have been hurt by this transaction. In connection with Bentham's similar bequest to his friend, Dr. Southwood Smith, the author describes his impressions on seeing the venerable head of the philosopher duly embalmed in the museum of "Grainger's School." On one occasion the authorities of the School had, by arrangement with the Poor Law Guardians, carried off the body of a pauper Irishwoman "for the advancement of science," but before they could commence dissection, an excited mob consisting of his Worship the Mayor, police, and infuriated Irish of both sexes burst into Surgeon's Hall, and carried the body off in triumph. The janitor and four joiners who had carried the body were sent for trial to the Sessions. They were ultimately convicted of an infraction of the Anatomy Act by removing the body before the expiration of the statutory 48 hours, and fined £20 each. In 1867 there was held a special examination for the degree of M.B. There were no less than *six* examiners, but only *one* candidate. However, he passed successfully through the ordeal, namely, *vivâ voce*, for an hour and a half on the subject of his "Essay on Rheumatism," and the degree of M.B. was conferred upon him in Convocation.

We have also received the Annual *Report of the Trinidad Leper Asylum* from Dr. Beaven Rake. He says, "For some time past a number of patients have been in the habit of asking for Chaulmoogra oil of their own accord, and continuing its use for months. I have come to the conclusion, therefore, that they must gain some benefit from it, or they would not go on using it so persistently; for, as a rule, lepers very soon tire of any line of treatment.

"The chief results may be summed up thus:—

1. Increase of perspiration (one patient, however, perspired less).
2. Decrease of tubercles.
3. Improved appetite and sense of well being.
4. Increase of sensation.
5. Increased suppleness of skin and lessening of pains in joints.

"These patients have tolerated the oil with very little trouble, though in one or two there was vomiting. That the oil is of value in some cases I have no doubt." Creolin has been found by him to be for several reasons preferable to Carbolic acid in the treatment of leprosy. There is also an interesting account of a case in which Addison's disease was associated with Syphilis and Leprosy in a Hindoo. He speaks in glowing terms of the devotion of the Dominican Sisters, who began their mission five years before Father Damien set out from Belgium.

NOTES OF A CLINICAL LECTURE, BY DR. HALE WHITE, ON PARALYSIS AGITANS.

Valentine G., æt. 64, was admitted into John Ward on April 11th, 1890, for trembling of limbs.

History.—Thirteen years ago was in under Dr. Pavy for "Sciatica." Seven years ago was in under Dr. Mahomed for "Paralysis Agitans."

The former report is lost, the chief points of interest mentioned in the latter are:—

Family History.—Mother died of "Paralytic Stroke." Two brothers died when young of "Tumour on the Brain." One brother, æt. 8, died from "Water on the Brain."

History of Present Illness.—Commenced seven years ago, after great mental excitement, his son having stabbed him in the palm of the right hand; this was followed by neuralgic pains in the hand and feeling of numbness, then by trembling of it. The left leg then became affected, then left arm, then right leg. The shaking was never under his control, he could not stop it, he got worse.

Condition on admission.—The muscles of his neck tremble and his head shakes when he sits up in bed. When asked to perform any action with his hands, the thumb is drawn across the palm and the muscles of the arm are seized with severe tremor. Reflexes normal. Occasional cramps. Arms and legs at times get hot and cold, and perspire afterwards.

Since last admission.—Went out feeling better and was able to follow his employment for two years; often gets attacks of twitchings and jumpings in his arms and legs, and feelings of numbness and pins and needles in his limbs, especially his right leg.

Nervous system.—He often complains of hot flushings. The facial muscles at varying periods are subject to involuntary twitchings, on two distinct consecutive occasions the twitchings began in the orbicularis oris and muscles of the angle of the mouth, then muscles of the nose, then the orbicularis palpebrarum, the corrugator supercilii was the muscle most affected.

The head is shaken from side to side.

The tongue is tremulous.

The limbs shake, especially the right arm and leg.

The rhomboid, levator anguli scapulæ, latissimus dorsi and abdominal muscles are also subject to frequent involuntary twitchings.

There is nothing abnormal in his walk.

The following points are noteworthy about paralysis agitans:—

1. Sex—Male to female in proportion 5 to 3.
2. Age—begins about 50.
3. Neuroses—Occasionally neuroses in family. See *family history* of this man. He had had sciatica.
4. Ætiology—Fright an exciting cause in some cases.
5. Tremors may then begin in frightened part, as in this patient tremor of right hand following stab of it. Gowers relates case of woman on whose wrist some water suddenly squirted, frightening her. Paralysis agitans began in the wrist soon after.
6. Character of tremor—
   - *a* Fine movements.
   - *b* Regular in time, and almost so in amplitude.
   - *c* Continuous during rest.
   - *d* Stop during sleep.
   - *e* Not worse on voluntary effort.
7. Order of invasion—Usually arm one side, then leg same side, then arm opposite, then leg opposite. Therefore, hemiplegic progress. Not so in this man if history correct, but he is probably not free now. Tremor worse right arm and leg.
8. Parts affected—Fingers and hand most (as in this man), then ankle, forearm, leg, arm, shoulder, and thigh.
   Back muscles rare (patient shows them affected).
   Tongue ,, ,, ,, ,, ,,
   Face ,, very rare ,, ,, ,,
   Head, especially lateral movement, very rare (patient shows it).
   Abdominal muscles very rare (patient shows them affected).
9. Expression—Anxious, fixed.
10. Paresis. Dynamometer showed this. Muscles a little wasted when disease lasts long.
11. Movements executed slowly.
12. Rigidity of muscles (not present in patient) gives rise to characteristic attitude. Flexors affected more than extensors. Body and head forwards, arms a little removed from chest, slight flexion of elbow, wrist, metacarpo-phalangeal joints, and phalangeal; thighs flexed and adducted, knees and ankles flexed.
13. Festination. Propulsion. Retropulsion: not exhibited by this patient.
14. Eyes not affected. Therefore they turn quickly, while head turns slowly. No nystagmus.
15. Speech—
   - *a* Delay in beginning.
   - *b* Then speaks quickly.
   - *c* Monotone.

Speech not affected in patient.

16. Sensations of heat and cold, as in this patient.
17. Mental symptoms. Slight loss of memory and depression, as in patient.
18. Typical handwriting as in patient.
   1st stage shows very fine irregularity.
   2nd stage. Irregularities, more especially in up strokes, because interossei and lumbricales affected.
   3rd stage. Great irregularities in each letter, but words well formed.

Points in favour of paralysis agitans in this patient are: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14, 16, 17, 18, of these 4, 5, 6, 10, 16, 18 most important.

Against paralysis agitans: 12, 13, 15, especially 12 & 13.

As there is no morbid anatomy to test the diagnosis, it can only be a matter of individual opinion when such important symptoms as 12 and 13 are absent, and 8 presents so many rare varieties.

Prognosis. Unknown.

Treatment. Unknown.

Pathology. Unknown, probably cerebral because of hemiplegic invasion.

Diagnosis.

A. Not insular sclerosis, for that
   - *a* Is a coarser irregular tremor.
   - *b* Does not persist during rest.
   - *c* Is worse in voluntary effort.
   - *d* Has nystagmus.
   - *e* Has scanning speech.
   - *f* Has no rigidity.
   - *g* Has optic nerve atrophy.
   - *h* In later stages marked mental symptoms, and evidence of descending sclerosis.
   - *i* Begins in young adults.
   - *k* Always affects head.

B. Not senile tremor, for that
   - *a* Does not get very bad.
   - *b* Has no rigidity.
   - *c* Comes on in extreme old age.
   - *d* Is unilateral.
   - *e* Always affects head.

C Not mercurial tremor, for that
  a Has no rigidity.
  b Begins in face.
  c No other evidence of mecurial poisoning.

HEREDITY.

TREASURER'S PRIZE ESSAY.

Read before the Physical Society, Saturday, Mar. 22, 1890.

(*Concluded.*)

Hertwig and Fol about 1877 showed that their formation was connected with nuclear division. Shortly afterwards Hertwig and Bütschli showed that the body expelled possessed the nature of a cell, and that the process was a regular though very unequal cell-division. Minot, Balfour, and van Beneden, as is well known, assumed that the expelled polar body was the male part of a previously hermaphrodite egg-cell. It followed from this that parthenogenetic eggs could not extrude polar cells. At all events, none had been observed, until in 1885 Weismann succeeded in ascertaining that a single polar cell *was* expelled from the parthenogenetic summer-egg of *Polyphemus oculus*, one of the *daphnidæ*. This disposed of Minot's hypothesis, and now greater importance was attached to the number observed. On Weismann's view a parthenogenetic egg does not require to expel half its germplasms in the shape of a second polar cell, as it contains no excess, and in some organisms it has been observed that the second polar cell is not extruded until the pronucleus has been formed within the ovum; that is, the ovum retains the potentiality of parthenogenesis until actual gamogenesis is assured.

It remains to be considered whether acquired characters are transmissible. Weismann stoutly maintains that no evidence has ever yet been brought forward to shew that they are. The well known experiments of Brown-Séquard on guinea-pigs are quoted by Spencer as clenching once and for all the great argument of Evolution. Whether they would do so, even if they were all that has been claimed for them, is an open question. He produced an artificial epilepsy by section of certain parts of the central or peripheral nervous systems. The experiments have since been repeated by Obersteiner, and the fact itself cannot be doubted; it is certain that *some* of the descendants of animals in which epilepsy has been artificially produced, have also themselves suffered from epilepsy in consequence of the disease of their parents. But epilepsy is not a morphological character; it is a disease. It is worthy of note that out of thirty-two descendants of epileptic parents only two exhibited similar symptoms, both being very weakly, and dying prematurely. In these cases the symptoms of the disease were undoubtedly transmitted, but the *cause* of the disease is the real question requiring solution. The injury caused by section of a nerve is not transmitted, and the part of the brain corresponding to that which was removed from the parent was not absent in the offspring. It is only permissible to say, that animals which have been rendered epileptic artificially, transmit to *some* of their offspring a tendency to various forms of paralysis, and in rare cases, when the paralysis is very marked, epilepsy is also transmitted. Out of thirty offspring thirteen were perfectly healthy; and again, epilepsy is not the result of any single injury to the nervous system, but was produced in a variety of ways, (1) by removing grey matter from the brain, (2) various sections, partial and complete, of the spinal cord, (3) simply puncturing the cord, (4) division of the sciatic nerve, the internal popliteal, and the posterior roots of all the nerves passing to the legs. Sometimes the disease did not appear till six or eight weeks after the operation.* Now if it *were* admitted that the heredity of an acquirable disease, other than those of a specific contagious nature, *was* valid evidence of the transmission of acquired characters, I should be inclined to look to consumption.

According to a writer in the *Illustrated Medical News*, Jan. 11th, 1890, the following data have been established:—(i.) Consumption has been experimentally produced by conditions tending to reduce the breathing capacity (*Koch*); (ii.) We can at any time watch the direct production of consumption by these conditions in the dust-inhaling trades; (iii.) Trades and occupations directly compressing the thorax or impeding the respiratory functions are notorious for their production of consumption; (iv) A large amount of consumption is produced in the army every year by these conditions; (v.) Consumption has been repeatedly produced by confinement both in man and other animals. These premises, I think, go far to show that consumption (or a strong proclivity to it) can be produced by artificial means; and that a decided susceptibility (if not a definite tendency) to the disease is heritable, few, I think, will deny.

Take insanity again—the various mental disorders included under the term are referable to various causes or conditions, and in tracing the ætiology of insanity Dr. Savage states that one of the most important conditions favourable to its development is heredity. "It is extremely difficult," he says (Fagge, i. p. 848), "to be sure of the part played by inheritance, yet it is sufficiently certain that a large proportion of people are insane because of the insanity of their parents." In both these cases I suppose the disciples of Weismann would retort that phthisis or insanity can be artificially produced only in such individuals as possess a germplasm with a definite tendency to either disorder; and the transmission of this germplasm would of course explain the reappearance of the disorder (or a tendency to it) in the next generation. The question, however, suggests itself, how did this predisposition of the germplasm first arise? The only explanation that I have come across accounting for its origin, is that it is a variation referable to causes similar to those accounting for morphological variations. That it must have arisen at some period in the march of evolution, and was not

* Mr. Starling tells me that guinea-pigs are, at best, frail creatures, and may be thrown into convulsions by a very trifling shock.

a special creation synchronous with the dawn of life itself, we cannot doubt; for who can seriously conceive of a phthisical *Amœba*, a hallucinated *Paramœcium*, or a kleptomaniac *Eozoon Canadense?* That any single individual variation can be honestly called *accidental*, I cannot admit; the materials for its production must have existed amongst its ancestry *somewhere*. The neurotic or phthisical tendency must have been gradually evolved as the cumulative result of inappreciable variations

Weismann states that the only evidence for the transmission of acquired characters rests upon a few scattered observations, which seem to prove that injuries or mutilations are under certain circumstances transmissible. For instance: a cow which had accidentally lost its horn, had a calf with an abnormal horn; a bull which had lost its tail, from that time begat tailless calves; a woman whose thumb had been crushed in youth, had a daughter with a malformed thumb; and Blumenbach mentions a man, whose right hand had been injured and had one of his fingers badly set; he had several sons, each of whom had that same finger crooked; and so on. Not one of these cases, however, appears to stand investigation, and the greater number are, as Kant and His have already said, for purposes of evidence mere old wives' fables. How easy it is to fall into error on these points is well shown by an anecdote related by Mr. Poulton at the British Association last autumn. He heard that a soldier, who had received a sabre-cut across the ear in the recent Egyptian campaign, was the father of a child exhibiting a similar character on the corresponding ear. He was shewn the child, and there was a fissure sure enough. He did not see the father on this occasion, but at another time saw and examined his ear. There was the sabre-cut just in the same place as the fissure on the child's ear. It seemed quite conclusive. At last, on more careful investigation, he perceived that there was a natural fissure on the man's ear, with the bottom of which the sabre-cut almost coincided. Hence there is every reason to believe that the child would still have exhibited the congenital fissure, had the father never fought at Tel-el-Kebir. A somewhat similar case is quoted by Weismann, of a woman who had a cleft ear-lobe, owing to an ear-ring having been forcibly torn out when a child. Of seven children, the second, now a full-grown man, is stated to have a corresponding cleft on the same side. On comparing the figures given of the two ears side by side, we are first of all struck by the fact that the malformation of the son's ear has an entirely different appearance from that of the mother. Again, on careful comparison of the general characters of the two ears, not only the anatomist but every trained observer will at once be struck by the fact that they are totally different in their outlines as well as in every detail. This fact obviously proves that the son does not possess the ear of his mother, but probably that of his father or grandfather. Unfortunately the father and grandfather have now been dead so long, that no certain evidence is forthcoming upon this point. At all events, the son does not possess the ear of his mother, and it would be very rash to suppose that he has inherited the ear from the father, but the malformation from the mother, especially as this malformation seems quite different from that of his mother's ear.* Weismann humorously remarks, that if scars could really be transmitted, we should have to be seriously concerned about the beauty of the next generation in Germany, as so many of our undergraduates follow the fashion of decorating their faces with as many of these "honourable scars" as possible. Important negative evidence is afforded by those cases of habitual mutilation which have been continually repeated for very many generations, without producing any hereditary consequences. Such hereditary effects have been produced neither by circumcision, nor removal of the front teeth, nor boring holes in the lips or nose, nor the extraordinary artificial crushing and crippling of the feet of Chinese women. No child amongst any of these nations referred to possesses the slightest trace of these mutilations when born; they have to be acquired anew in every fresh generation. Weismann's experiments on white mice conclude the evidence against the transmission of mutilations. Their tails were cut off for five successive generations, and of 901 young thus produced, *not a single one had an abnormally short tail or other defect of the kind.* The non-heredity of acquired characters was maintained by Mr. Francis Galton so long ago as 1876, on theoretical considerations almost identical with those urged by Prof. Weismann, and the insufficiency of the evidence for their transmission was shewn by very similar arguments. Mr. Galton's theory is considered by Mr. Wallace to be substantially the same as that of Weismann. When published it attracted but little attention, although intended as an alternative to the Darwinian theory of *Pangenesis*. Galton's "stirp" is Weismann's "germplasm," and he supposes the sexual elements in the offspring to be directly derived from the residue of the *stirp* not used up in the development of the body of the parent, which is merely a statement, in other words, of Weismann's *Kontinuität des Keimplasmas*. The differences between the expression of the opinions of the two are pretty much what we should expect between the points of view of an anthropologist and a laboratory biologist respectively. Mr. Wallace's conclusion is that "the names of Galton and Weismann should therefore be associated as discoverers of what may be considered (if finally established) the most important contribution to the evolution theory since the appearance of *The Origin of Species*."

* I see this case is figured and discussed by Mr. Bland Sutton in his recent volume on *Evolution and Disease*. The details of the development of the human pinna as carefully described by Prof. His appear to be of the greatest importance in enabling us to decide upon it. Mr. Sutton says, "Dr. Emil Schmidt, who is well acquainted with the details of the mode of formation of the pinna, discusses it in connection with this case with very great care, and in the end is inclined to regard this as an example of the inheritance of an acquired defect." And then, "It is unnecessary to discuss the reasons advanced by Schmidt in support of this view, for they are nullified by some observations recently made on this case by Prof. His, to the effect that the defect in the son not only differs from that in the mother in its general character, but occupies a different position in the lobule, as is easily seen on comparing the pinnæ.

I said at the outset that much attention has of late years been given to education; it is looked upon as a sovereign remedy for crime and many other diseases of the body politic. But may not *generation* be of more consequence than *education?* Were Socrates and Nero alike in infancy? Was it education merely that made the contrast between Newton and Boswell? between Howard the philanthropist and seagreen Robespierre the fiend? An American writer, who has given his essay upon an allied topic the mournful title of *The Non-Survival of the Fittest*, points out that the constitutions moral and physical of the two extreme classes of society are the least vigorous and perfect. "The *physique* of the rich is injured by indulgence and excess, that of the poor by privation and want. The *morale* of the former has never been duly called forth by the necessity for exertion and self-denial, that of the latter has never been adequately cultivated by training and instruction; yet these two classes are precisely those which are preponderatingly the fathers of the coming generation. Both marry as early as they please, and have as many children as they please—the rich because it is in their power, the poor because they have no motive for abstinence. . . . It is the middle classes, those who form the energetic, reliable, improving element in the population, who wish to rise and do not choose to sink, it is these who abstain from marriage or postpone it." We restore habitual drunkards and criminals to society, to the society of Seven Dials and the New Cut, with full liberty to perpetuate all their vicious tendencies, and, says Darwin, "It is surprising how soon a want of care, or care wrongly directed, leads to the degeneration of a domestic race; but, except in the case of man himself, hardly anyone is so ignorant as to allow his worst animals to breed." The Institute of Heredity of Boston have declared that "we must insist upon the paramount and supreme right of every human being to be conceived and born in good sound, moral, intellectual and physical health, and hold all parents to a strict accountability in this matter." The time may yet come when the worst cases may deem it a plain duty to curse no future generations with the *damnosa hereditas* which has caused such misery to themselves. Do not imagine, however, that the future of our nation must necessarily be one of steady degeneration. Hardly a day passes but I am reminded of a certain remark recorded by Plato; "When a man sees a god-like countenance," said Socrates to Phaedrus, "or some bodily form that represents beauty, he reverences it as a god, and would fain do sacrifice to it." There is still much that is admirable even in the lowest classes, but if we *are* to maintain our once proud position, move with the times we must. It is, as Mr. Galton says, most essential to the well-being of future generations that the average standard of ability of the present time should be raised. "Civilisation is a new condition imposed upon man by the course of events, just as in the history of geological changes new conditions have been imposed on different races of animals. They have had the effect either of modifying the nature of the races through the process of Natural Selection, whenever the changes were sufficiently slow and the race sufficiently pliant, or destroying them altogether when the changes were too abrupt or the race unyielding. The number of races of mankind that have been entirely destroyed under the pressure of an incoming civilization, reads us a terrible lesson." And it is not the mere formula "Education! Education!" that will save us. "We thank you," said the Iroquois Indians to the Government of Virginia, when the latter had offered to educate some of their young men. "We thank you for your kind intentions. We have already had some experience of your education. Some of us whom you educated in all your sciences came back again bad runners, ignorant of all woodcraft, unable to bear heat or cold; they were ignorant even of our language; what good, then, either to themselves or to us, was their *education?* No. We cannot accept your offer, though we appreciate your goodwill. But send us, if you like, a dozen or so of your sons, whom we will educate as we do our own, and make *men* of them." In no former period of the world's history has the destruction of any animal whatever been effected over such wide areas and with such startling rapidity as in the case of savage man. In many quarters of the globe the human denizens of vast regions have been utterly and entirely swept away in the short space of three centuries, less by the pressure of a stronger race than through the influence of a civilization they were incapable of supporting. And we too, the foremost labourers in creating this civilization, are beginning to show ourselves incapable of keeping pace with our own work. An extended civilization like ours comprises more interest than the ordinary statesmen or philosophers of our present race are capable of dealing with, and exacts far more intelligent work than our ordinary artisans and labourers are capable of performing. We want as much backbone as we can get, to stand the racket to which we are nowadays exposed, and the best brains we can get, to devise machinery, which shall enable modern life to work more smoothly than at present.

We can, in some measure, raise the nature of man to a level with the new conditions imposed upon his existence, and we can also, in some measure, modify the conditions to suit his nature. Clearly, clearly it is right that both these powers should be exerted, with the object of bringing his nature and the conditions of his existence into the closest harmony possible.

A. J. SHARP.

RECENTLY a young lady was fatally poisoned by drinking some red sherbet, purchased from an itinerant confectioner, her companions who had drank some of the same delicacy also being made very sick. An examination of the viscera demonstrated the presence of about a grain of arsenic; and on analysing the solution of aniline-red used to colour the sherbet, one-fifth of a grain of arsenic was found in each ounce.—*Philadelphia Medical News.*

Passim.

When Captain Shandon, the editor of the *Pall Mall Gazette*—the real *P. M. G.* of Thackeray's romance, not the insubstantial imitation of a later and degenerate age—was abroad for his holidays at Boulogne-sur-Mer, and Pendennis was lying ill in his chambers in the Temple, Mr. Finucane was allowed to write *passim*, and it was observed by attentive readers that allusions to the greatness of Ireland become very frequent however remote might be the subject which occupied the pen of the versatile locum tenens. No doubt the readers of the Gazette will be able to detect the hand which scribbles Passim this week, while the regular writer is enjoying his well-earned repose on the Norfolk Broads. It would indeed more than fill the space allotted to Passim to relate who has gone where for his holiday, and what sort of weather he is having; and such news might only serve to make us discontented, whom duty compels to remain in the Borough.

The results of the Preliminary Scientific examination are satisfactory, particularly as regards biology, only 5 having failed out of a class of 26. This is a considerable improvement on last year's list. By the way, the fees for these classes have been increased from 10 guineas to 16 guineas, with an additional guinea for practical chemistry, and another for the material required for practical work in biology. As compared with other Schools the fees at Guy's used to be very low, and perhaps this fact led some people to think that what could be had so cheaply could scarcely be of first-rate quality. Now the fees at Guy's, Bart's, and St. Thomas's are practically uniform. In the Intermediate M.B. Examination Mr. F. G. Hopkins gained the Exhibition and Gold Medal in Organic Chemistry. We congratulate him upon this rare distinction.

The Hydraulic Lift in the Medical Building is at last complete, and works very smoothly except for a rough friction sound about the middle of the ascent, which, when heard for the first time, is somewhat alarming. The cage of the lift is constructed of Keen's Cement laid upon a strong wire backing, and the inside is painted. The floor is an iron plate with a wooden lattice to stand upon. The advantage of avoiding upholstery in a lift which may convey more passengers than it is constructed to hold will be obvious to those with experience of the Out-Patient Department.

Dr. Pavy has vacated the Laboratory in which he carried on his famous physiological researches, and it has yet to be decided what use is to be made of the room. It has been suggested that its proximity to the Medical Wards renders it a suitable place for the establishment of a Clinical Laboratory, where the Ward Clerks could pursue investigations too elaborate to be conveniently made in the Wards.

In addition to the expense of construction Dr. Pavy has undertaken to fit up the Gymnasium, and the apparatus to be provided is very complete, and should leave nothing to be desired. We hope next October that men will shew their appreciation of Dr. Pavy's generosity by joining the Gymnasium in large numbers.

We have no wish to enter into disputes between Employers and Employed, but should advise any of our readers who may be contemplating entering the Mercantile Marine Service as Ship's Surgeon, to study a pamplet by an F.R.C.S. entitled *The Ship's Surgeon of To-day*. It might possibly modify their aspirations in this direction.

We heartily congratulate those happy ones, who have recently emerged successful from the

fiery furnaces of Burlington Gardens, as well as the less ambitious ones who have surmounted the less terrible, if more trying, ordeals of Victoria Embankment. We cannot however be oblivious of our not less deserving, if less victorious, brethren; and trust that ere October 1st, they will have regained sufficient *Mens sana in corpore sano* to enable them to return to the charge under a brighter star.

We trust our readers will deal leniently with such deficiencies as they may detect in the present number. For, as French Patriotism eventually found, the human tabernacle is not imperishable, but requireth occasional rest; and the much maligned beings, who crown the pinnacle of their patriotism by undertaking the thankless task of a *Rédacteur*, are no exception to the general rule.

It is somewhat difficult to edit a journal at a distance of 250 miles from your printers, and 20 from the track of the Iron Horse; nevertheless, the bearer of Her Majesty's mails calls six days in the week, and we have utilized his services to the uttermost. As Carlyle says,

> "In any corner of the civilized world, a tub can be inverted, and an articulate-speaking biped mount thereon."

So in almost any quarter of the globe Truth or Falsehood may be committed to paper, legible to him that runneth, having mastered the Art of Reading.

We believe that one of the long-looked for debates promised by the Physical Society for next session will deal with the question of the additional year recently added to the medical curriculum by the General Medical Council; whether it should be devoted to purely clinical work, or to a preliminary scientific training. Doubtless much honeyed eloquence will be forthcoming in support of both views, and we cannot doubt that whichever way the General Medical Council finally decides, the time will in either case be well spent.

Mr. Lawson Tait's address on Surgery to the British Medical Association at Birmingham the other day was an interesting contribution for the "Clinical" faction in this connection. His scornful allusions to the time wasted in learning things like Bodfi, or trying to demonstrate something about the structure of muscle by the aid of a machine, which looked like a brass model of Clapham Junction, must have struck terror into the heart of many a physiologist!

In answer to numerous inquiries, we may mention that the "Green and Brown Books" referred to in our last issue, are officially known as the *Prospectuses of the Medical School and of the Dental School of Guy's Hospital* respectively.

FORTHCOMING EVENTS.

Sept. 1.—Library re-opens.
" 13.—Application to be made at the Medical Office for Schedules for the First and Second Conjoint Examinations.
" 20.—Schedules for Final Conjoint Examination to be left at the Medical Office not later than this date.
" 23.—Names of Candidates for Entrance Scholarships to be sent in to Medical Office by this date.
" 15.—Names to be left at the Medical Office for Final M.B. Lond. Schedules.
" 25.—Entrance Scholarship Examination in Arts and Science begins.
" 27.—Applications received for one Ast. H.P. and two Ast. H.Ss. for November.

KEY TO THE HUMAN FRAME.

Chest—Eyelids—Kneecaps—Drums of Ears—Nails.
Soles—Muscles.
Two Palms of Hands—Two-lips—Apples of the Eye—Heart—Two Calves—Hares—Temples—Veins.
Arms—In (n) steps—Eyes and Nose.
Pupils—Ten-dons. T. I. M.

ANALYSIS OF THE PRACTICE OF THE DENTAL DEPARTMENT FOR JULY, 1890.

Attendances.	1	2	3	4	5	7	8	9	10	11	12	14	15	16	17	18	19	21	22	23	24	25	26	28	29	30	31	Total.
Ordinary Extractions	7	19	17	14	4	18	17	20	24	14	11	21	24	20	19	18	8	26	12	14	23	8	22	28	17	11	21	457
do.	6	11	27	11	4	7	5	19	20	10	12	5	18	...	12	2	...	16	13	13	16	10	...	5	8	5	20	275
Gas	...	7	5	5	4	4	4	8	6	4	3	1	4	1	4	1	2	2	4	5	2	5	5	3	3	1	2	97
Golds	...	1	3	4	3	3	1	1	6	2	5	...	4	7	2	3	1	4	1	2	3	1	...	1	1	4	...	69
Amalgrams	...	3	3	4	3	5	5	...	6	2	...	10	1	5	2	10	3	...	2	1	2	1	...	5	5	1	...	81
Osteos	...	3	6	1	12	1	5	8	6	6	3	7	4	3	7	7	5	6	7	7	3	5	3	5	4	5	2	132
Temporary G. Ps.	...	1	...	...	...	...	1	2	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	6	
Permanent do.	...	...	1	...	1	...	1	...	2	...	...	...	...	1	...	...	1	...	1	...	...	...	...	1	...	...	1	10
Scalings	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	3	...	...	12
Crowns	...	...	...	...	3	...	1	...	...	...	3	2	...	...	2	1	...	...	1	...	1	1	...	...	...	...	...	21
Regs	...	...	...	1	2	3	...	2	...	...	1	...	2	1	2	...	1	1	...	...	1	...	...	...	...	...	2	20
Dentures	...	...	1	...	...	...	4	...	2	...	1	...	2	1	2	...	1	1	...	...	...	...	1	...	...	...	...	11
Splints	...	...	...	...	...	...	2	...	...	...	...	...	2	...	...	1	...	...	3	...	...	...	3	...	3	...	...	148
Dressings	...	...	13	3	1	3	2	5	6	...	7	6	4	5	11	6	4	11	4	7	4	2	7	3	5	4	8	2
Advice	...	4	4	2	...	1	6	3	3	...	1	2	4	1	2	2	2	2	8	7	5	1	2	3	4	3	10	88
	38	55	70	61	25	46	54	72	82	44	45	55	70	44	57	56	31	63	63	53	58	39	36	56	51	41	62	1427

(*Signed*) FRED W. TA'BOIS, Junr.

PASS LIST.

PRELIMINARY SCIENTIFIC, JULY, 1890.

(First Division).

W. S. Handley. E. T. Scowby.
T. J. Steward.

(Second Division).

E. Coleman. J. H. Horton.
E. S. Hall. E. Moore.
P. N. Vellacott

CHEMISTRY AND PHYSICS.

J. Moore. H. T. Spon.
J. R. Steinhaeuser.

BIOLOGY.

O. Beven. D. Rice.
W. E. Cross. W. E. Waymark.
C. J. Harnett. H. M. Wise.

Two Subjects (Old Reg.)

C. H. Hunter (C.B.)

One Subject (Old Reg.)

W. Mumford (C.)

INTERMEDIATE EXAMINATION IN SCIENCE.

E. J. Parry.

HONOURS.

INORGANIC CHEMISTRY. J. Hora.
BOTANY (Third Class). A. Salter.

FIRST CONJOINT.

CHEMISTRY & CHEMICAL PHYSICS.

H. W. Beach. J. C. Peatson.
J. C. Constable. W. C. Pitt.
S. Copley. E. A. Prebble.
C. A. Ensor. B. G. Reynolds.
J. W. Ensor. L. G. Reynolds.
C. H. Fagge. E. S. Roberts.
R. H. Fagge. R. L. Roberts.
W. J. Henson. W. J. Rowland.
H. Hewetson. R. Serjeant.
S. Hughes. H. B. Stoner.
B. Instone. E. R. Thomas.
W. F. Miller. M. E. Tresidder.
B. P. O'Niell. A. S. Turner.
W. E. Pain. L. Worts.
F. Zumbado.

ELEMENTARY ANATOMY & PHYSIOLOGY.

L. Bensted. J. A. Howard.
W. A. Ellington. T. M. Nicholson.
†J. W. Ensor. W. E. Pain.
E. R. Fothergill W. M. Price.
W. J. Henson. J. M. Stockton.
H. Hewetson. H. B. Thurston.
†C. E. Hibbard. J. B. Winter.
A. C. Hovenden. F. Zumbado.

† Anatomy only.

MATERIA MEDICA AND PHARMACY.

A. Allport. G. Mackeson.
T. Burrow. A. J. Mathison.
C. E. Carpmael. A. Miller.
F. Cowan. W. F. Miller.
H. D. Eccles. R. H. Moon.
F. A. Evison. L. A. Parry.
S. G. Graham. R. E. G. Phillips.
E. F. H. Hardenberg. A. J. Sharp.
C. H. Harding. J. W. Taylor.
G. Jimenez.

PRIMARY EXAMINATION, R.C.P.

CHEMISTRY.

G. W. A. Mitchell. T. G. Scott.

UNIVERSITY OF LONDON.

INTERMEDIATE M.B. HONOURS EXAMINATION.

ANATOMY *(Third Class)*.

C. S. Pantin.

PHYSIOLOGY *(Third Class)*.

C. S. Pantin. A. J. Sharp.

ORGANIC CHEMISTRY *(Exhibition and Gold Medal)*.

F. G. Hopkins.

MATERIA MEDICA *(Second Class)*.

A. J. Sharp.

(Third Class). F. G. Hopkins.

PASS—ENTIRE EXAMINATION.

(Second Division)

F. J. Coleman. E. S. Dukes.

W. J. Johnson.

EXCLUDING PHYSIOLOGY.

(Second Division.)

A. H. Card. W. H. Jewell.

F. Hazell. W. C. C. Park.

PHYSIOLOGY ONLY.

(First Division.)

A. E. Tebb.

VACCINATION.

Abstract of a paper read before the Kingston-on-Thames Debating Society, by R. CAPES, M.R.C.S., L.R.C.P.

(Concluded.)

The actual mortality from smallpox in London

In	1884	was	313	per million.
"	1881	"	620	" "
"	1878	"	390	" "
"	1877	"	710	" "
"	1871	"	2,420	" "

The years referred to were all years in which smallpox was epidemic. In non-epidemic years the smallpox death rate in London has been as low as fifteen and eleven per million, viz., in 1874 and 1875. The maximum of 2,420 in 1871 was, during the seventeenth and early eighteenth centuries, exceeded every five, ten or twenty years, and it was no more than the yearly contribution made by smallpox during the latter half century when inoculation was in vogue. The third great benefit derived by successful vaccination is the diminution in the evil results of smallpox in those who recover, viz., partial or total loss of sight and hearing, and disfiguration for life by pock marks. Compared with fifty or a hundred years ago, the fearful disfiguration caused by smallpox is rare. It is said that the portraits of ladies who were the English court beauties of former times, give no very exalted idea of the personal appearances which in those days merited approbation, and that the originals only excited admiration from the fact that they were among the few who had escaped the disfigurement which attends an attack of unmodified smallpox. *Honi soit qui mal-y-pense* may with a little freedom be translated, let him be pock-marked who thinks evil of vaccination.

One disadvantage of vaccination is the fact that, when efficiently carried out it leaves scars, and I am quite convinced that if vaccination could be efficiently performed without leaving any cicatrix, there would not be nearly so much opposition to revaccination among the fair sex. The more successful the vaccination the more marked are the cicatrices, and the greater their number, as the following figures show. They are the results observed by Mr. Marson of the Highgate Small Pox Hospital; he found that among the patients treated in that hospital, of those having

1	vaccine cicatrix,	7.73	p. c.	died.
2	" cicatrices,	4.7	"	"
3	" "	1.95	"	"
4 or more	"	0.55	"	"
of persons not vaccinated at all		35.00	"	"

The Germans are so strongly impressed with this, that they vaccinate in six places on each arm.

It is alleged that erysipelas, syphilis, and skin eruptions are produced by vaccination. That these diseases can be thus produced I do not deny, but that they are the frequent and ordinary result, and in any way peculiar to the wounds of vaccination, as some of our antivaccination agitators would have us believe, I deny most emphatically; for it is a well known fact in the medical world that any one of the enumerated diseases may follow and has followed the merest scratch.

I am ready to admit that erysipelas may follow vaccination, as it may any other wound, but that the vaccine has anything to do with it is totally untrue; there are two causes of erysipelas following on vaccination, viz., a dirty lancet, and bad hygienic surroundings.

If vaccination is so great a cause of erysipelas as some assert, it is but reasonable to expect the mortality from erysipelas will have increased since vaccination has become compulsory, whereas we find the annual per centage of deaths from erysipelas has gradually decreased from 1854 to 1884. It has also been shown that the number of infants under one year that died from syphilis in 1864 was 591; in 1884 1733, showing an enormous and steady increase. This increased mortality is but another proof of the increase of that dire disease, and is due to the increase of population, and at the same time the increase of venereal disease, the result of the latter being that so many children are born the subject of that fearful disease, frequently prematurely and when mature with only half the vitality of healthy children. Mr. Hutchinson, writes, "my impression is that the number of cases in which any risk of the communication of syphilis is run is infinitesimally small in proportion to the benefits likely to accrue from vaccination; for the

last fifteen years (1871) I have been working specially at this subject, with a very large opportunity of observation among cases of skin disease and cases of syphilis, and during those years I have had no other case in which I believe that this has occurred," referring to a doubtful case of vaccine syphilis. That syphilis can be transmitted by vaccination was proved by an experiment performed by one of the Local Government teachers of vaccination; on three different occasions he selected lymph from children obviously suffering from syphilis, and tried but without success to syphilize his own arm; on a fourth attempt he succeeded in inoculating himself with syphilis. In carrying out these experiments he purposely disregarded two rules which habitually guide every one who has been instructed in the practice of vaccination; these rules direct the vaccinator to take lymph only from subjects who are in good health, and bids him always carefully to examine the subject as to any existing skin diseases, and especially as to any signs of hereditary syphilis. In the House of Commons on August 23rd, 1887, Mr. Ritchie stated that although three quarters of a million have been vaccinated annually for many years past, not a case of the communication of syphilis has come under the observation of the Local Government Board.

The following case is a good example of the kind of cases brought up to prove the fearful effects of vaccination. "A correspondent, writing to the *Echo*, complains that his child was vaccinated at the National Vaccine Establishment, and that five weeks afterwards an eruption appeared on the arms and legs. The child was received into St. Thomas's Hospital, where it subsequently recovered. From inquiries, it appears that the child had suffered from an eruption due to the administration of bromide of potassium, and this circumstance had been fully explained to the parents, but to this the father makes no reference."

I would ask, in conclusion, are we to have compulsory vaccination or not? On the one hand we have smallpox depriving thousands of their lives, and those who recover, blind, deaf, and scarred beyond recognition; many think it would have been better to have died. On the other we have vaccination and re-vaccination reducing the number of cases of smallpox, reducing the death rate of smallpox from 50 per cent. to less than 2½ per cent., and almost entirely abolishing those sequelæ of the disease which made life such a burden to those who recovered. The risks of vaccination can be, and I think have been, reduced to a minimum; there is no such thing as perfection in this world; nothing, however simple, can be performed without some degree of risk.

APPOINTMENTS.

Theed, Stanley V., L.R.C.P. Edin., M.R.C.S., has been appointed Public Vaccinator for Mornington, Victoria.

Todd, Henry Bansall, L.R.C.P. Lond., M.R.C.S., has been reappointed Medical Officer of Health for Charlton Kings, Gloucestershire.

AN INTERESTING NATURAL ORDER.

THE SOLANACEÆ.

(*Concluded.*)

The preceding papers have briefly considered the genera of this deeply interesting order which are in common use either as food or medicine. There only now remain those genera and species which, whether wild or cultivated, attract us by their beauty, and from most of which economic products are not obtained. Such are *Solanum dulcamara*, the Bitter Sweet or Woody Nightshade, *S. nigrum*, Garden Nightshade, *S. melongena*, the Egg Apple Plant, *Physalis Alkekongi*, the Winter Cherry, *Petunia*, *Cestrum*, *Habrothamnus*, and many others.

Solanum dulcamara is, as everyone knows, a climber, but its climbing habits are, as Darwin observes, very feebly developed, and it will twine indifferently in either direction. Its root is woody, stem twining, branched, and rising when supported to the height of many feet. Leaves ovate, acute, generally smooth, and of a dull green. Flowers in clusters, either opposite to the leaves or terminal; drooping, spreading, alternately divided. Bracts minute. Corollas elegant, purple, with two round green spots at the base of each segment. Berries ovate, scarlet, juicy. Indigenous in hedges and thickets, especially in watery situations. Flowers in June and July. The active principle of this *quondam* medicinal plant is *Solanine* ($C_{84}H_{68}NO_{28}$?), which is present also in *S. tuberosum* (leaves and fruit), *S. nigrum* and *S. verbascifolium*. Solanine resembles Sulphate of Quinine, but its needle crystals are finer and shorter. One grain of it dissolved in Sulphuric Acid killed a rabbit in six hours. A decoction of Woody Nightshade was formerly employed in medicine. Taken internally it was diaphoretic and diuretic, and was thought serviceable in chronic pulmonary catarrh, rheumatic and gouty complaints, chronic skin diseases, and cachectic states of the system. It was used in leprosy by Dr. Crichton, and also in eczema and psoriasis. The usual dose was from a half to one ounce. The decoction consisted of wood of stem one ounce to distilled water twenty-four ounces. Though now out of use the chemistry and therapeutics of this plant would form an interesting re-investigation.

Solanum nigrum, the garden nightshade, is not used medicinally. It is an annual herb with ovate long-stalked drooping leaves notched at the margins. The flowers grow in a kind of nodding umbel; the corollas white and sometimes musky-scented; the berry is black, occassionally yellow and red. It is a common weed on dungheaps in gardens, and other richly cultivated places. It has the usual narcotic qualities of the order, and hence is put by the common people of Bohemia in the cradles of their babies. Its narcotism is, however, neither great nor uniform.

Solanum melongena.—The Egg Apple Plant is a tender annual native of South America and tropical parts of Asia and Africa. In most countries it is cultivated as a curiosity only for the largeness and shape of its fruit,

which is sometimes as much as 6 or 7 inches long and 10 to 12 inches in circumference, and when it is white almost exactly resembles the egg of the domestic fowl. In France it is regularly cultivated and the food cooked and eaten. Whether it is highly esteemed we are not told. The French differ from us in their culinary likes and dislikes, and, as we know their predilections for frog's hind-legs and snail-stew, we are unable, without experimenting, to form a definite opinion as to the edible qualities of the egg-apple. *S. melongena* forms an exception to its genus, having a unilocular fruit. The stem of the plant is herbaceous and without prickles, the leaves ovate and hirsute, the peduncles pendulous and thicker towards the flower. The flower is rotate with purple corolla.

Physalis alkekongi is a very bright and attractive little plant thanks to its abundance of red berries which as they are produced in early winter, gain for it the title of Winter Cherry. Its stem is herbaceous, leaves conjugate, sharp-pointed with entire margin, and have long petioles. The flowers are produced singly from the axils of the leaves on long slender peduncles, corolla small, white, rotate. The calyx swells greatly and grows red in early winter, and encloses the small round berry within. The plant has no economic uses. *Petunia*, *Cestrum*, *Habrothamnus*, and *Nolana* are remarkable for their beauty only, and it is not necessary to describe them in an article with economic tendency. So that it only remains to conclude with the repetition of the introductory remark that few orders of plants minister in so many and various ways to human wants as the *Solanaceæ*.

EDWARD IBOTSON.

Births.

BASSETT.—On June 20th, at Steytlerville, Cape Colony, the wife of Henry Thurstan Bassett, M.B., Lond., of a daughter.

PURVES.—On July 24th, at Hardwicke Cottage, Wimbledon Common, the wife of Wm. Laidlaw Purves, M.D. of a son.

Marriages.

ENSOR—HARRIES.—At the Parish Church, Tenby, on July 15th, Henry Collen Ensor, M.R.C.S., L.S.A., 34, Charles Street, Cardiff, to May, youngest daughter of the late W. M. Harries, of Castle Square, Tenby. No cards.

KEATINGE—POUCHER.—On July 14th, at Venice, Henry Pottinger Keatinge, M.B., fourth son of Lieutenant-General R. H. Keatinge, V.C., C.S.I., to Jessie Denslow, only daughter of the Honourable W. A. Poucher, of Oswego, New York, U.S.A.

SHUTE—WILKINSON.—On the 6th inst., at Holy Trinity Church, Shaftesbury, by the Rev. F. Ehlvers, George Sidney Shute, M.D., to Mary Scott, second daughter of Adam Wilkinson, M.D., F.R.C.S., of Shaftesbury.

BARRS—NELSON.—July 31st, at the Parish Church of Leeds, by the Rev. E. S. Talbot, D.D., Vicar of Leeds, assisted by the Rev. T. H. May, Rector of Heswall, Cheshire, brother-in-law of the bride, Alfred George Barrs, M.D., of 22, Park Place, Leeds, to Alice Bywater, youngest daughter of Henry Nelson, J.P., St. John's Cottage, Leeds.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. Wells Medical Office, Guy's Hospital, S.E.

LOCUM TENENS.—WANTED.—Any Gentlemen who may be willing to act as Locum Tenens should leave their names at the Medical Office without delay, as there are several vacancies.

A GUY'S MAN, practising in best part of West of England, is desirous of obtaining a Resident Patient, either child or adult. Every consideration given, and terms moderate. Apply in first instance to Mr. Wells, Medical Office, Guy's.

A Doubly Qualified Guy's Man, living in a healthy and bracing part of Devonshire, desires a Resident Patient, convalescent preferred. Shooting, fishing, tennis club near at hand.—Apply Dr. T., Morchard Bishop, Devon.

PRACTICE for disposal in New Zealand. Income between £600 and £700 per annum. At present held by an old Guy's man. Full particulars as to fees and locality may be obtained on application to Mr. Wells, Medical Office, Guy's.

WANTED by a trebly qualified Guy's man, aged 27, a small country practice or partnership. Four years' experience in general practice.—Apply B. H., care of C. H. Wells, Esq., Medical School, Guy's Hospital, S.E.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

COACHING. M.D. Lond., F.R.C.S. Eng., prepares Gentlemen for the London University, Fellowship, First, Second or Final Conjoint Examinations. Terms moderate.—Address, M.D., Park View, Alexandra Road, Upper Norwood.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o C. H. Wells, Guy's.

WANTED—Gentlemen who have spare copies of Nos. 1, 2, 3, 4, 25, & 28, Guy's Hospital Gazette, will oblige by taking them to the Librarian, who is prepared to pay sixpence per copy or exchange them for any other numbers.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

SEPTEMBER 27, 1890.

A FEW WORDS TO NEWLY ENTERED STUDENTS.

By M.D. LOND., F.R.C.S. ENG.

To a man commencing medical study the number of examinations, and the varied qualifications which may be obtained, must necessarily be exceedingly puzzling; a capital article on this point appeared in the GUY'S HOSPITAL GAZETTE for September 28th, 1889, under the title of "What Degree shall I take?" Every student would do well to read this, to give the matter the most serious and careful consideration, and then to shape his course accordingly *and keep more or less to it;* by this plan much trouble and annoyance would be saved, as it is well to remember that it is much easier to work for and pass such an examination as the Primary F.R.C.S. in the *third* year, than to do so after one has qualified.

Now as to the matter of working for an examination; here it is just as well to pause and to bear in mind that to pass examinations is not the *summum bonum* of existence; a man may leave the Hospital with the most brilliant qualifications, with his head crammed full of the latest and most wonderful theories on all sorts of strange and marvellous things, and yet that man may be utterly unpractical, even so much so as to be unable to dispense an ordinary bottle of medicine; this may appear strange, but it is nevertheless true. Therefore, as well as your book-work, be sure to attend thoroughly and constantly to your practical work, for remember, the hardest examination you will ever have to pass will be that of trying to gain the good opinion and respect of your fellowmen when you are in practice; you will find intricate scientific theories of very little avail then; aim to be well up in all practical *details*, however seemingly insignificant.

Next let us consider *what books* should be read for examinations; whatever you do, *don't* fall into the trap of reading (or rather *trying* to read) *too many books;* there is nothing more lamentable than to see a pale-faced, heavy-eyed, round-shouldered individual, who is engaged in the study of say physiology, sitting at a table poring over one of the volumes of the last edition of Foster's Physiology, while around him are Landois and Stirling (both volumes), Hermann, the fourth edition of Foster, Kirke, Yeo, and last, but by no means least, "*little Ashby*"; note books may be seen scattered around generally, and a good-sized black bag, almost bursting with contained volumes, is invariably either on the table or on the ground by the feet of the owner; at all of these the ardent student from time to time peers through his spectacles, making copious notes the while and underlining his text books freely, until his mind becomes so confused with the different versions of the same tale, that he subsides into a kind of torpor, and finally, at the end of three or four hours' so called reading, knows less about the subject than when he began. So be warned in time and take the following hints: read no more books than are absolutely necessary to master the subject of which they treat; read only the best books and read them with thought and care; do not get into the habit of reading superficially, but think and dwell upon what you read; do not read as many books on the same subject as you may happen to hear of or see, but stick to one or two (or at the most three) and read those *well;* be sure you understand what you read, and, if you come across any difficulty, discuss the knotty point with your fellow students first and with your teachers afterwards; try to acquire the art of discussion, it will sharpen your wits and will aid in fixing the subject of your argument on your memory.

So much then for examinations and reading; let us now turn to more pleasing topics: to men accustomed hitherto to live in the country, the atmosphere and surroundings of the Borough will be found somewhat trying at first, and care should be taken lest, in the pursuit of mental culture, the physical health should suffer. Take care of your health for it will not take care of itself; however sound may be your constitution now, you must guard it carefully in the early years of your life, or you will have reason to repent your carelessness afterwards; remember that health of the body is an essential condition of an active and vigorous mind; you will be able to get through ten times the amount of good honest work, and with far greater ease, if your digestion and general tone be good, than you would if you allowed yourself to become "seedy" and "below par." The rules of health for students are few and simple, and in following them you will encounter no great difficulties. A due amount of exercise should find its place in the routine of daily life; to the minds of athletic men foot-ball in the winter, and cricket, tennis or rowing in the summer session, will commend themselves; while the jovial game of "fives" will hold its own all the year round. Walking, again, can be practised by everyone, and to men of an observant nature a walk through the streets of London will be a source of both pleasure and profit; Charles Dickens spent hours upon hours reading London street life at all times of the day and night. To

men of a military turn of mind, volunteering will have its attractions, and the discipline and drill will have a splendid effect in setting up the men and improving their general physique; to those especially who contemplate entering one of the medical services, the knowledge of drill and military matters thus gained will prove simply invaluable.

And then we have to remember that not only the body but the brain also requires relaxation. The mind that from week's end to week's end is constantly grinding at the mill of acquiring one particular sort of knowledge will, in time, become narrow and contracted, and capable only of containing one set of ideas. We meet men who, although marvellously deeply read on one particular subject, are absolutely ignorant of others, and in the ways of the world are almost idiots. Beware, then, of allowing your mind to dwell too much on your technical work, there is not the slightest necessity for any of you, however slow you may be, to shut yourselves up *every* evening in a room apart to study, it will amply suffice if you read four (or at most five) evenings in the week, and spend the remainder in relaxations; go out and enjoy yourselves somewhere or other, throw dull care (and all thoughts of approaching examinations) to the winds, and lay yourselves out to have a jolly time; rest assured that the merrier you are on these occasions the better will be your work for the next few days. Remember that man is a social animal, and not intended to bury himself like a dormouse. If you have any accomplishments, such as music, cultivate them, read novels occasionally, especially those by good authors; if you have a hobby, such as photography, work at it by all means, but do not let *all* your leisure time be engrossed by it to the exclusion of everything else; read the daily papers, keep yourselves informed in the various topics of the day, and keep your ears and eyes open to what takes place around you; you will by these means acquire a general knowledge which, although it may not be very deep, will yet be of great service to you in your fight with the world. You will find that the man who can keep up a conversation at a dinner-table or in a drawing-room will get on far better than the recluse who, having hitherto known no society but his books, feels like a fish out of water when he is away from them.

The next point to impress upon you is—*be ambitious*. To those who tell you that ambition is all wrong, turn a deaf ear, for they tell you nonsense; take care that ambition does not make you selfish, but we shall have a word to say about this presently. Ambition, if properly directed, gives you tone and energy, and will make you work with a will; remember *whatever is worth doing at all is worth doing well* (or as well as you can); whatever you do, whether it be work or pleasure, do it as if your very life itself depended on it; what is more sickening than to see a man playing, let us say tennis, in a lack-adaisical sort of way, not caring whether he wins or loses? Try to climb up the ladder of life and do not be satisfied to remain always on one dull level; there is no reason why any one of you should not become a Sir William Jenner or a Sir James Paget. In the novel entitled "Ready Money Mortiboy," by Messrs. Besant & Rice, the speech made by Dick Mortiboy to the village school children to whom he is giving a treat, is exceedingly true; from it the following is taken: "And now, my boys and girls, remember this. Don't you believe people who tell you to be contented with what you've got. That's all nonsense. *You've got to be discontented.* The world is full of good things for those who have the courage to get up and seize them. If the catechism teaches you to be contented, chuck the catechism into the fire, and be discontented."

Another thing to impress upon you: be kind and considerate to your patients whoever they may be and however much they may irritate you; do not look on them merely as "cases" for investigation, but remember they have the same flesh and blood, and the same feelings as you have; do not fall into the habit of passing over small ailments as beneath your notice; remember that, although to you, who see acute cases and bad accidents every day of your lives, such a thing as a cough or a slight sprain may seem trivial, yet it is *all in all* to the patient, and naturally enough, it hurts his feelings to be treated in an off-hand sort of way, and to have his complaint looked upon as absolutely nothing; try to imagine yourselves in his place and see how you would like it. Mr. W. S. Gilbert in the ballad entitled "The Haughty Actor," satirically writes the following:—

"I don't strap fingers up for doles,"
Replied the haughty surgeon;
"To use your cant, I don't play *rôles*
Utility that verge on.
'First amputation'—nothing less—
That is my line of business;
We surgeon nobs despise all jobs
Utility that verge on."

"When in your hip there lurks disease,"
(So dreamt this lively dreamer),
"Or devastating *caries*
In *humerus* or *femur*,
If you can pay a handsome fee,
Oh! then you may remember me,
With joy elate I'll amputate
Your *humerus* or *femur*."

Lastly, remember always to have a certain amount of regard for what is due to others. A few lines back you were warned lest ambition should cause you to become selfish, and here, there is no doubt, there is a great danger. Do not get into the habit of thinking only about yourselves, refrain from pushing yourselves in everywhere without being asked; *don't put on "side."* What is more detestable than to see a man swaggering about with his hands in his pockets, swaying from side to side with the burden of his conceit, his hat stuck on the back or side of his head, talking loudly on some topic (about which he probably knows nothing), and generally fancying himself superior to ordinary mortals? Everyone laughs in his sleeve at him, and he is regarded with

amused contempt mixed with a certain amount of pity. Try to help others who may not be quite so fortunate as yourself; this, if done in a gentlemanly and unobtrusive manner, will always be received in the spirit in which it is offered. Try to give pleasure to others, there are many ways of doing this if you think about it; recently, at an entertainment where many of the audience had to stand, the writer noticed a young lady without any fuss or ceremony whatever, suddenly stoop down and pick up a small child, who was a perfect stranger to her, and place it on her shoulder so that the youngster might obtain a better view, to its great delight as may well be imagined. Now at least twenty other people might have done the same, but *they did not happen to think of it;* therefore try to be courteous and thoughtful in your daily intercourse with your fellow men, and consider their feelings a little.

And now there is nothing more to do but to wish you all success in your new life, and to bid you farewell.

THE WORK OF THE FIRST YEAR.

As on previous occasions, we take this opportunity of addressing a few words to those who are about to join our ranks on the important subject of what they ought to do. Though the matter is well explained in the green book, a copy of which is presented to every new student, yet there are a few details which will bear mention, and may be useful to some. The work of the first session, that is, from October 1st to April 1st, includes:—

a. Dissection.
b. Attendance of Lectures.
c. Osteology and Elementary Anatomy.
d. Elementary Physiology.

At the end of this session there is an examination by the Conjoint Board of the Colleges of Physicians and Surgeons (popularly known as the "First Conjoint") and it should be the object of every new student who intends to take the qualification granted by the Conjoint Board to pass that examination in April, 1891. By that means the following summer session is left free for its proper duties, and the student's subsequent course will not be hampered.

Dissection.—To obtain a "part" for dissection, the student should at once enter his name in the Medical Office in order that he may begin work with as little delay as possible. The price of the "part" is 12s. 6d. The other requisites for dissection are a case of instruments, books, and an apron. The dissecting case should contain three or four knives, a pair of scissors, forceps, hooks, a blow-pipe and needles. This may be obtained at Down Bros. in St. Thomas' St., or at Hill's in Newcomen Street, price 15s. to 18s. The book usually employed as a guide for dissection is Ellis's "Demonstrations of Anatomy" (price 9s. 6d.), a new edition of which has just been issued. Aprons are supplied by the Dissecting Room porter, price 1s. 6d.

Lectures.—The lectures which first year's men are required to attend are on Anatomy, Physiology and Chemistry; the days and times of these are shown in the accompanying calendar. Chemistry is studied during the first three months of the session, some knowledge of this subject being necessary for the study of physiology. The text-book is Roscoe's "Chemistry," price 3s. 5d.

Osteology and Anatomy.—For the study of the bones and anatomy generally some systematic treatise is required, such as Gray's "Anatomy," price 27s. which has a time-honoured popularity, and is perhaps the best all round. But those going in for the University Examinations, or the Fellowship of the College, should select Quain's "Anatomy," 2 vols. price 27s., or Macalister's, price 27s., both of which deal with the subject more fully. All books may be purchased at H. G. Grattan's, No. 16, Borough. It is all important "to know the bones" thoroughly, and that means going over them again and again. To learn a bone with the hope of remembering the description it is very necessary to have the actual bone at hand when reading the account of it in the text-book, so that each surface may be examined and every "process" felt. To rely on the pictures in the books is worse than useless. The bones

can be obtained for study from Mr. Betts in the Pathological Museum to whom they must be returned. Those who can afford it will do well to have their own half-set of bones, as they can then learn them at home in the evenings. Price about two guineas at Down Bros.

For *Physiology* the text-books usually read are Kirke's or Yeo's "Physiology," price 10s. 6d. each. An elementary class in practical physiology will be held towards the end of the session.

In conclusion, we recommend our new friends to get into the habit of working steadily. Everyone has his own way of working, and some have very bad ways. One of the first difficulties is to learn how to work, and the sooner it is overcome the better. To lay down any hard and fast rules is quite valueless, but if we were to describe a typical day's work it would be something of this sort: In the morning attend the lecture on Anatomy, and then dissect for a couple of hours; in the afternoon learn a bone, or a portion of one, and attend the lecture on Physiology; in the evening read over the work done in the dissecting room, and also a little physiology or chemistry. Of course, it is rather dry work to begin with until an interest in it has been aroused, but that will surely come. Those who are unable to commence work in the dissecting room at the beginning of the session must not suppose they have nothing to do. There are the lectures and demonstrations to be attended, and the bones to be learnt. In addition, as much time as possible should be spent in the dissecting room, learning the muscles of *one* part with a friend who is already at work.

APPOINTMENTS.

POTTS, FRANK R. H., M.R.C.S., L.R.C.P. (Lond.), of Beaconsfield, as Medical Officer and Public Vaccinator to the Hedgesley district in Eaton Union.

THUD, STANLEY V., M.R.C.S., has been appointed Medical Officer of Health for the shire of Mornington, West Riding, Victoria, *vice* Hooper, resigned.

TWO MONTHS AS ASSISTANT HOUSE-SURGEON AT GUY'S, WITH A SUMMARY OF SOME OF THE CASES.

BY H. MARTYN-JORDAN.

It may not be generally known what the duties of the Assistant House-Surgeon at Guy's are, so it will be well to briefly enumerate them.

There are two Assistant House-Surgeons.

Every alternate day one is on duty in the front Surgery from 9.30 a.m. to 6 p.m. On these days he sees every case that comes into the surgery; sends for the dressers-for-the-week for those cases that he thinks require admission into the Surgical Wards; helps in the "putting up" of the fractures, and decides the treatment that shall be employed in the other cases. In addition to seeing these surgical cases, he has to attend to all the medical cases that come to the Surgery, sending for the Clinical or House Physician for the week for those cases that he thinks ought to come into the Hospital; the others he treats, telling some of them the days they must attend as out-patients. The other three days he is on duty in the Surgical Out-patient Department, whilst his colleague is in the front Surgery.

At 9.30 a.m. he has to be at the Out-patient Surgery, superintending the dressings, &c. of the old cases that he has previously seen in the front Surgery.

For a fortnight these cases were counted every morning and averaged from 140 to 150 daily (roughly, 9,000 in the two months). Mondays, Wednesdays and Saturdays were found to be by far the busiest days. At 12.30 on Mondays and Wednesdays, or Thursdays and Saturdays he sees the Surgical Out-patients. Mondays and Wednesdays are the days favoured by the patients attending here. These cases were counted for some time, and found to average 130 for each of the four days (or 4,550 for the two months.

On Tuesday and Friday afternoons the Assistant House-Surgeon not on duty in the Surgery, has to hold himself in readiness to give chloroform for any Surgeon requiring it. In the two months, I administered an anæsthetic in 78 cases.

Having briefly sketched the duties, let us see what the work is.

During the months of July and August considerably over 5,000 patients were seen in the front Surgery. The books provided for the purpose of entering the names and complaints of the patients contain 5,186 entries. These are not nearly all the cases seen here, as those that are admitted into the Surgical or Medical Wards are not put down in these books; again, policemen and others are repeatedly asking for particulars of cases seen and treated in the Surgery, which, on referring to the books, are found not to have been entered (this it is practically impossible to avoid owing to the amount of work), and for every case so enquired about many must remain unknown. Among the entries are innumerable cases of cut fingers, hands, arms, scalps, &c. Cases of summer and infantile diarrhœa were very common.

Two hundred and twenty-eight fractures were treated in the Surgery. These included 61 fractures of the clavicle four of which were "greenstick" and nine between the conoid and trapezoid ligaments. There were 46 cases of broken ribs (of the 26 in which the rib broken is mentioned, the 8th was fractured in nine cases, the 9th and 10th five times each; the others being the 2nd, 3rd, 4th & 7th). The scapula was fractured in three cases. There were ten fractures of the humerus (shaft 6, one of which was a greenstick, internal condyle 3, external condyle 1). The ulna alone was broken 13 times—five of them being fractures of the olecranon. The radius alone 25 times; of these, the neck was broken in three cases, the shaft in 22 (of the latter three were above the *Pronator Radii Teres* and five were greenstick fractures). There were 10 cases of Colles' fracture. The metacarpal bones were found fractured in 17 cases (the 5th being the commonest). The phalanges of hands and feet were broken in 10 cases. There were three fractures of the inferior maxilla, and two of the nose.

The lower epiphysis of the radius was separated in seven cases, and that of the humerus once.

Of the 25 dislocations seen 10 were of the shoulder (five being subcoracoid, one subglenoid, one subspinous, and in three the variety was not mentioned*). There were two cases of the sternal end and one of the acromial end of the clavicle. Of the elbow there were four; two being backward dislocations of radius and ulna (one of these was complicated by a fracture of the external condyle); one not specified; and one of the rare luxation of the head of the radius outwards.

There were eight dislocations of the fingers; of these, only one was of the metacarpo-phalangeal joint of the thumb; five being of the 1st phalangeal joint (three of these were compound, two were produced by falls on to the tips of the fingers, and one by a horse kick; one of the 2nd phalangeal joint, and one of the metacarpo-phalangeal joint of the middle finger. There was one case of outward displacement of the patella.

Of the foreign bodies, 48 were cases of steel, emery-stone, &c., in the eye. Two cherry-stones, a pea, a bean, a button, and a piece of coloured glass were removed from the nose; seven needles, six pieces of wood, and seven pieces of glass were removed from the fingers and hand; from the foot six pieces of glass and two needles were extracted. Eighteen people came complaining of fish bones (12 cases), pins (three), or pieces of mutton bones, sticking in the throat. The laryngoscope and probang were used, but in only one case (where Mr. Lansdown removed a fish bone which was sticking in the back of the tongue with his finger nail, was the foreign body seen and removed.

Six cases of retention of urine were relieved by catheterisation. Eleven people had their stomachs washed out, in consequence of over indulgence in alcohol. Three cases of delirium tremens were seen. Two ruptured globes, one cut of the cornea, and one of the ciliary region and cornea were seen and sent to the eye wards. Five cases of scarlet fever were seen and sent on to the Fever Hospitals.

Of haemorrhagic cases, there were nine of profuse epistaxis, four ruptured varicose veins, four wounds of the palmar arch, and one in which the radial artery was divided in the "snuff box."

Eighty-four people came suffering from bites, 52 of which were inflicted by dogs, 17 by horses, six by women, three by men, the others by mice, rats, donkeys, monkeys and cats.

Of the very many crushed and cut fingers, only 16 were amputated. While speaking of this class of case, it may interest some of the readers of GUY'S GAZETTE, and possibly save a few digits, if I mention a few cases where fingers were "given a chance."

One was a circular saw cut of thumb, which divided the first phalanx obliquely from without, inwards and upwards, opened the metacarpo-phalangeal joint, and then divided the head and shaft of the metacarpal bone longitudinally, cutting through the thenar eminence (and its muscles) in its whole length. So completely was the joint disorganised that the thumb hung flail-like from the hand, and could be placed in any position. Mr. A. Thomas well cleaned and syringed the wound out with 1 in 20 carbolic; the periosteum was stitched together, and then the flap of skin and muscle was replaced and stitched, and the thumb adjusted in its normal position. It healed with hardly a drop of pus, and the patient can move his thumb very fairly well.

Several cases where more or less of the finger was hanging on by a mere strip of skin only, when well cleaned, healed quickly, and left the patient a very useful digit: this was especially marked in cases where the thumb was affected. The compound dislocations of the 1st phalangeal joint healed with very little suppuration—this being probably due to the laceration of the tissues around the joint.

The following cases were admitted into the Surgical wards. Twenty-three cases of concussion (one having a double Colles' fracture): nine fractures of the skull (three being depressed and one of base); nineteen fractures of the femur (one being compound and one of the neck); five of the patella; thirteen of both bones of leg; twelve of tibia alone; eleven of fibula alone; nine Pott's fractures; two fractures of the astragalus; nine cases of broken ribs; three of the jaw; four of radius and ulna (two being compound); one compound fracture of olecranon, complicated by a fractured humerus.

Two bullet wounds, one of right orbit (death), the other of the left arm. One case of pubic dislocation of the hip. Eight strangulated herniae (six men) were admitted and operated upon, with one death.

It is practically impossible to find out the medical cases seen in the surgery, and then admitted; but as shewing the large number seen, it is sufficient to say that

*A point in connection with dislocations of the shoulder that I cannot find mentioned in any work on Surgery, and which has been present in every case I have seen, is on making firm pressure just below the acromial process the finger sinks in on the injured side for 1in. to 1¼in., and is then only stopped by the tension of the deltoid. On the sound side the finger comes down on the tuberosities of the humerus before it has sunk ¼in.

the Clinical wards draw all their cases from the surgery; and the "Clinicals" hand over to the House-Physician many more cases than they take, these cases the House-Physician, as a rule, admits.

The following were among the cases sent in to see the Assistant Surgeon, sitting on the Mondays and Wednesdays of July and August. Twenty-five cases of herniae (15 being of the acquired inguinal form, eight congenital inguinal, and two ventral). Fifteen cases of "infantile" umbilical herniae were not sent in. Fourteen cases of gonorrhoeal epididymitis (in one of these both testicles were affected). There was one case of the testicle being misplaced in the perinaeum, and two in which it had not descended. Four cases of orchitis (three being syphilitic, and involving both organs).

There were 10 hydroceles of the *tunica vaginalis*, and two of the cord. Three cases of urethral abscess. One case of renal calculus, and two of vesical. Of the growths, 11 were *carcinomatous* (seven breasts, three tongues, and one on inside of nose). Four were *sarcomatous* (kidney, breast, glands in neck, fibula). Two cases of rodent ulcer. Two of enlarged thyroid (one cystic, the other fibro-adenomatous). One case of Hodgkin's disease. One hygroma. Four lipomata. Three fibromata. One adenoma of breast. Of the naevi four were *subcutaneous*, one in the anterior pillars of the fauces, and 28 cutaneous.

Of diseases due to tubercle, there were two of epididymitis, five knees, three hips, one wrist, three of dorsal and one of cervical caries, many glands, and two cases of multiple subcutaneous abscesses. There were four mastoid cases.

From the above it will be seen that considerably over 19,000 visits were paid by patients to the Surgical side of the Hospital in the two months, roughly, 120,000 in the year, or over 320 for every day of the year.

What experience!

THE HOSPITAL AND MEDICAL SCHOOL STAFF.

There have been a few changes during the past year among the staff at the hospital, such as the election of Dr. Pavy as a Consulting Physician, and the appointment of Dr. Washbourn as Assistant Physician. The revised list of those holding office for the ensuing year is subjoined.

CONSULTING STAFF.—Consulting Physicians: S. Wilks, M.D., LL.D., F.R.S.; F. W. Pavy, M.D., LL.D., F.R.S. Consulting Obstetric Physicians: H. Oldham, M.D.; J. Braxton Hicks, M.D, F.R.S. Consulting Surgeons: Edward Cock, Esq.; J. Birkett, Esq.; Thomas Bryant, M.Ch. Consulting Ophthalmic Surgeon: Charles Bader, Esq.

MEDICAL AND SURGICAL STAFF.—Physicians: P. H. Pye-Smith, M.D., F.R.S.; Frederick Taylor, M.D.; J. F. Goodhart, M.D.; W. Hale White, M.D. Assistant Physicians: G. Newton Pitt, M.D.; E. C. Perry, M.D.; L. E. Shaw, M.D.; J. W. Washbourn, M.D. Obstetric Physician: A. L. Galabin, M.D. Assistant Obstetric Physician: P. Horrocks, M.D. Dental Surgeon: F. Newland-Pedley, Esq. Senior Assistant Dental Surgeon: W. A Maggs, Esq. Medical Registrar; E. W. Goodall, M.D. Surgeons: Arthur E. Durham, Esq.; H. G. Howse, M.S.; N. Davies-Colley, M.C.; R. Clement Lucas, B.S. Assistant Surgeons: C. H. Golding-Bird, M.B.: W. H. A. Jacobson, M.Ch.; Charters J. Symonds, M.S.; W. Arbuthnot Lane, M.S. Ophthalmic Surgeon: C. Higgens, Esq. Assistant Ophthalmic Surgeon: W. A. Brailey, Esq. Aural Surgeon: W. Laidlaw Purves, Esq. Instructor in Anæsthetics: Tom Bird, Esq. Surgical Registrar: A. Parkin, M.S. Curator of the Museum: Dr. Shaw. Lying-In Charity: Dr. Galabin and Dr. Horrocks. Dean: Dr. Perry.

LECTURERS AND DEMONSTRATORS.—Clinical Medicine: the Physicians and Assistant Physicians. Clinical Surgery: the Surgeons and Assistant Surgeons. Medicine: Dr. Pye-Smith and Dr. Taylor. Practical Medicine: Dr. Goodall. Surgery: Mr. Howse and Mr. Davies-Colley. Practical Surgery: Mr. Symonds and Mr. Lane. Operative Surgery: Mr. Symonds. Midwifery and Diseases of Women: Dr. Galabin. Practical Obstetrics: Dr. Horrocks. Mental Diseases: Dr. Savage. Ophthalmic Surgery: Mr. Higgens and Mr. Brailey. Dental Surgery: Mr. Newland-Pedley. Aural Surgery: Mr. Laidlaw Purves. Diseases of the Skin: Dr. Perry. Diseases of the Throat: Mr. Symonds. Electro-Therapeutics: Dr. Washbourn. Anæsthetics: Mr. Tom Bird. Hygiene and Public Health: Mr. Turner. Pathology: Dr. Pitt. Morbid Anatomy: Dr. Pitt, Dr. Perry, and Dr. Shaw. Morbid Histology: Dr. Pitt and Mr. Lane. Bacteriology: Dr. Washbourn. Medical Jurisprudence: Dr. Stevenson. Anatomy: Mr. Lucas and Mr. Jacobson. Practical Anatomy: Mr. Dunn, Mr. Targett and Mr. Fripp. Physiology: Mr. Golding-Bird. Histology and Practical Physiology: Mr. Starling and Mr. Tubby. Materia Medica and Therapeutics: Dr. Hale White. Practical Pharmacy: the Hospital Dispenser. Chemistry: Dr. Stevenson. Practical Chemistry: Mr. Groves. Experimental Physics: Professor Reinold. Biology: Mr. Beddard and Mr. Campbell.

COUNTER-IRRITATION.

Practitioner: "Well, how did you get on at the Hospital?"

Patient: "Oh! very well Sir; the pain was very bad at first, but I had those little epidemics in the side, and they soon cured it."

The above is an actual fact, but reminds one of the Far West Medicine Man who when called to attend a patient with Typhoid Fever exclaimed, "Wal I reckon I don't know the ropes in Typhoid Fever, but I've got some stuff in my bag as 'ull give him fits—and you bet I'm death on fits."

Passim.

Our first duty, and it is always a very pleasant one, is to welcome all those who have joined our ranks for the new year, beginning October 1st. It matters not why they have come to Guy's, still less why they have entered the profession at all in the face of so much eloquent dissuasion from various quarters; enough that they have chosen Guy's to be their *alma mater*, and we congratulate our new friends on their choice. It is the veriest platitude to add that they will never regret it. Within these walls how many happy days have been spent, and what true friends may be found among our fellow-students!

Having offered these congratulations on behalf of our readers, it behoves us to invite the Freshmen of 1890 to join us in our play as well as our work, to become active members of the clubs and societies connected with the Hospital, and to suffer themselves to be infused with the enthusiasm and *esprit de corps* which are the traditions Guy's School is most proud of.

Not the least important of the institutions connected with the school is the Guy's Gazette. Modesty alone forbids that we should detail its merits and successes, but by way of introducing it to those whom we are sure will become its ardent supporters, a copy will be presented to all the new students at the Medical Office, where the subscription for the year (6s. 6d.) may be paid.

As a record of the progress of the school, the Gazette is interesting to past and present students alike. As an illustration, we may quote the remarks of an old Guy's man in Paramatta (of course not written with a view to publication): "The Gazette is a great boon to me, quite a feast every fortnight." Surely no greater compliment could be paid it.

The "First" opens with a House-Dinner in the Students' Club at 6 p.m. sharp. About 150 tickets have been issued, and among those who have signified their intention of being present are Sir Henry Peek, The Treasurer, Dr. Wilks, and a large number of Members of the Staff.

After the dinner, the first meeting of the Physical Society will be held in the Anatomical Theatre at 7.30 p.m. The chair will be taken by Dr. Wilks, and a paper will be read by G. A. Wright, Esq., B.A., M.B., of Manchester, on "Medical Work in the North." At the conclusion of the meeting, tea and coffee will be provided in the Dining Hall of the College, and there will be an exhibition of instruments, microscopical preparations, photographs, &c., in the rooms of the Students' Club. All past and present students are invited to attend.

The latest note about the Residential College says that all the rooms have been let, and the Pavy gymnasium has been completed. In the latter a brass plate has been erected, on which these words are inscribed:

> "This gymnasium was built and furnished by the liberality of F. W. Pavy, Esq., M.D., F.R.S., L.L.D., October, 1890."

The Entrance Scholarship Examinations have been held this week. There were 22 candidates, and in our next issue the names of the successful scholars will be announced.

We are glad to hear that Dr. Beaven Rake, of Trinidad, has been nominated by the Royal College of Physicians to serve on the Leprosy Commission, which will shortly proceed to India.

The paper by Mr. Martyn-Jordan, which appears in another column, is worthy of very high commendation, and we hope it may induce his successors to keep equally careful notes of out-patient cases. There is still room for exact observations on wounds, fractures, and

various minor ailments, which, though so frequent, are not so well studied as they deserve to be. This is chiefly due to the fact that they are not admitted into the Hospital, and hence are not seen by the majority of students. His experience of only two months will no doubt astonish many, and should have a salutary effect in calling attention to this too much neglected department.

EXAMINER.—What is *Alum?*

NERVOUS CANDIDATE.—The inspissated juice, which flows from the transversely cut bases of the leaves of *Aloe Perryi*, and probably other species.

EXAMINER.—Thank you, that will do. (*Exit Candidate*).

HARDLY a single one of the leading daily organs of the Press failed to comment on the recent triumphs of the fair sex in arts and medicine at London University. Truly in these days of competition, *Place aux Dames* is a principle which does not depend for its application upon the languishing chivalry of the stronger sex. Say rather, *each for himself and the devil take the hindmost;* on which latter may the heavens have mercy: for earth, with her rigorous necessity, will have none.

LECTURE CALENDAR.

DATE.	TIME.	SUBJECT.
Wed. Oct. 1st ...	4 p.m. ...	Practical Surgery
Thur. Oct 2nd ...	9 a.m. ...	Anatomy
" ...	10.30 a.m. ...	Practical Histology
" ...	11 a.m. ...	Chemistry
" ...	1.30 p.m. ...	Biology
" ...	3.30 p.m. ...	Surgery
" ...	4 p.m. ...	Practical Surgery
Fri. Oct. 3rd ...	9 a.m. ...	Anatomy
" ...	1.30 p.m. ...	Surgery
" ...	3 p.m. ...	Medicine
Sat. Oct. 4th ...	9.30 a.m. ...	Physiology
" ...	11 a.m. ...	Chemistry
Mon. Oct. 6th ...	12 p.m. ...	Chemical Physics
" ...	2 p.m. ...	Mental Physiology
" ...	2 p.m. ...	Chemistry (Prel. Sci.)
" ...	3 p.m. ...	Medicine
" ...	4 p.m. ...	Dental Metallurgy
" ...	4 p.m. ...	Practical Surgery
Tues. Oct. 7th ...	9 a.m. ...	Anatomy
" ...	10.30 a.m. ...	Practical Histology
" ...	11 a.m. ...	Chemistry
" ...	1.30 p.m. ...	Biology
" ...	3.30 p.m. ...	Surgery
" ...	4 p.m. ...	Practical Surgery
Wed. Oct. 8th ...	9 a.m. ...	Anatomy
" ...	2 p.m. ...	Chemical Physics
" ...	3 p.m. ...	Medicine
" ...	4 p.m. ...	Dental Anatomy and Physiology
" ...	4 p.m. ...	Practical Surgery
Thurs. Oct. 9th ...	9 a.m. ...	Anatomy
" ...	11 a.m. ...	Chemistry
" ...	1.30 p.m. ...	Biology
" ...	3.30 p.m. ...	Surgery
" ...	4 p.m. ...	Practical Surgery
Fri. Oct. 10th ...	9 a.m. ...	Anatomy
" ...	1.30 p.m. ...	Surgery
" ...	3 p.m. ...	Medicine
" ...	4 p.m. ...	Dental Surgery
Sat. Oct. 11th ...	9.30 a.m. ...	Physiology
" ...	11 a.m. ...	Chemistry

ON DUTY FOR MONTH ENDING 31ST OCTOBER, 1890.

HOUSE PHYSICIANS.

Oct. 1. Physician: Dr. Pye-Smith. House Physician: Mr. A. E. Durham.

Oct. 8. Physician: Dr. Taylor. House Physician: Mr. J. W. Russell.

Oct. 15. Physician: Dr. Goodhart. House Physician: Mr. H. V. Hickman.

Oct. 22. Physician; Dr. White. House Physician: Mr. J. McGill.

Oct. 29. Physician: Dr. Pye-Smith. House Physician: Mr. A. E. Durham.

Assistant House Physician: Mr. H. Austen Smith.

HOUSE SURGEONS AND DRESSERS.

Oct. 1. Surgeon: Mr. Durham. House Surgeon; Mr. F. J. Nisbet. Dressers: Messrs. E. M. Dobinson and H. B. Rygate; W. E. S. Cobb and A. H. Meadows; A. C. Elliman and E. J. Lang.

Oct. 8. Surgeon: Mr. Howse. House Surgeon; Mr. C. Spurrell. Dressers; Messrs. W. K. Steele and F G. Vicars; J. M. Thorne and D. W. Samways; T. G. Stevens.

Oct. 15. Surgeon: Mr. Davies-Colley. House Surgeon Mr. A. S. Wohlmann. Dressers: E. H. Baldock and W. G. Rogers; D. T. Jones and E. G. March; H. Hodgson and J. W. F. Jewell.

Oct. 22. Surgeon: Mr. Lucas. House Surgeon; Mr. Paget. Dressers: Messrs. W. Winslow and W. Carling; F. Welford and B. W. Hogarth; V. J. Hodgson and A. Thomas.

Oct. 29. Surgeon: Mr. Durham, House Surgeon: F. J. Nisbet, Dressers: Messrs. W. E. S. Cobb and A. H. Meadows; A. C. Elliman and E. J. Lang; E. M. Dobinson and H. B. Rygate.

Assistant House Surgeons: Messrs. H. M. Jordan and R. G. P. Lansdown.

Senior Obstetric Assistant: Mr. W. J. Scott.

Junior Obstetric Assistant: Mr. H. J. Holman.

J. C. STEELE, *Superintendent.*

GUY'S HOSPITAL DENTAL DEPARTMENT.

ANALYSIS OF PRACTICE DURING AUGUST.

Ordinary Extractions	406
Gas Extractions...	248
Gold fillings	35
Amalgam fillings	15
Osteo fillings	31
Temporary gutta percha fillings	75
Permanent gutta percha fillings	4
Scalings	6
Crowns	6
Regulation cases	12
Dentures	12
Splints	6
Dressings...	71
Advice	68
Total	995

September, 1890.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—I see it is proposed to open the coming session with a meeting of the Physical Society. I would point out how appropriate the occasion would be for the secretary to inform those present that meetings will be held throughout the Winter Session on an improved plan, as suggested by the vote passed at the end of last Winter Session.

Might I suggest for consideration that the meetings be held weekly; alternate Saturdays being given exclusively to medical points as formerly, and that the remainder be devoted to debates on topics of more general interest, that may occur from time to time? By this means, those first and second years' students whose medical knowledge is necessarily limited would no doubt be induced to attend in larger numbers and possibly to speak; especially if one of their number be previously asked to bring forward the motion to be discussed. Also they would obtain a training in the art of speaking itself—a by no means to be neglected talent—and thus gradually be in a position to make an interesting speech on medical points, when they do know sufficient to warrant their endeavours "to catch the speaker's eye." Another first or second year's man might be induced to undertake the opposition side to the motion.

Also, a second suggestion. Could it not be arranged with the Committee of the Student's Club to have the use of the Reading Room, and on those nights to suspend the talking and smoking rules? I should not think any one would object. No doubt, the feeling that one has the Chairman and most of those present at his feet, is a great encouragement to speak in the Chemical Theatre, but then, under what a crushing weight of hot air this is done! Besides, those seats, has anyone succeeded in sitting on them for five minutes in one position, with comfort?

A STUDENT (FIRST YEAR'S).

A CASE OF EPILEPTIFORM CONVULSIONS FROM CONTUSED BRAIN.

From Notes by Mr. W. BLIGH.

Walter B, aged 28, was admitted under Mr. Durham for injury to the head. He had fallen from his "dickey" while driving, and struck the top of his head.

On Admission.—The patient had a scalp wound over the lambdoid suture on the left side; it was an inch in length, but the bone was not bare. He was in a very restless excited condition, and with difficulty could be controlled; he moved all his limbs freely, the pupils reacted to light and accommodation, there was no facial paralysis, and no subconjunctival, nasal or aural hæmorrhage. He complained of great thirst, and drank anything given him voraciously (he was drunk at the time of the accident).

2nd day. The patient became so restless and unmanageable that he was removed to the strong room, and was given a dose of chloral and bromide. After this he became quieter and had some sleep, but vomited some bilious material occasionally.

5th. For the last two days he has been lying quietly in bed, taking Pot. Brom. gr. xx. every four hours. Early this morning he had three slight attacks of twitching of the left side of the face. About 9 a.m. he had another attack. It began with twitching of the left side of the face, then convulsive movements of the left arm, left

leg, right arm and right leg in succession, and finally unconsciousness and stertorous breathing. The twitchings die away first in the legs, then in the left arm, then in the right, and lastly in the face; he sweats freely and saliva runs from the mouth. These fits recurred at intervals of ten minutes during three hours, each fit lasting about two minutes. Between the fits the patient lies on his back with his face looking to the right.

6th. Patient had one or two more fits last night, less severe in character. He is now lying in a semiconscious condition, breathing noisily.

7th. Died rather suddenly this morning. His condition remained unaltered.

Autopsy.—There was a U-shaped fracture of the skull on the right side, involving the posterrior angle of the parietal, the adjacent portion of the temporal, and the supra-occipital bones; and there was some hœmorrhage both internal and external to the dura mater. The under surface of the frontal lobe and the temporo sphenoidal lobe were severely contused on the right side, but the left side of the brain was normal. There were patches of early pneumonia in the lungs.

A CASE OF INTUSSUSCEPTION WITH PROTRUSION OF THE ILEO-CÆCAL VALVE FOUR INCHES OUTSIDE THE ANUS.

The patient (a child æt. 2 years) was brought into the Croydon General Hospital somewhat collapsed, with a large congested mass protruding about 4 inches through the anal orifice. It had been down about half-an-hour, and several ineffectual attempts had been made to return it. There had been some vomiting, and according to the mother's account, diarrhœa, but this was probably mistaken for some mucus which was freely escaping from the bowel. The finger could be introduced into the anus, and swept round the prolapsed mass as far as one could reach, and at the apex of the mass could be seen the opening of the ileo-cæcal valve from which fæcal-stained matter was escaping.

The child was put under chloroform and Mr. Horsley (under whom it was admitted) returned the mass by gentle manipulation. The rectum was then inflated by means of the bellows, and the intussuscepted bowel could be traced through the abdominal wall, across the abdomen backwards to its original starting point.

All the symptoms disappeared, and the child made a rapid and complete recovery.

S. BUENO DE MESQUITA, M.B.
Croydon General Hospital.

ATHLETICS, CLUBS, SOCIETIES, &c.

Want of space prevents our describing in full the various Athletic Clubs and Societies connected with Guy's. Our readers will find information concerning most of them posted on the notice boards to the left of the colonnade. Here we must be content with pointing out the advantages of these clubs, and the necessity of many new members to maintain them in their present prosperous condition. It is the bounden duty of every Guy's man to join some of them, and we feel sure that our new friends will realise their responsibility in this matter, and gladly contribute to their support.

THE STUDENTS' CLUB supplies all the accommodation of an ordinary social club, and it is quite impossible to enjoy life without becoming a member. There is a large dining room where lunch and dinner can be obtained at moderate charges, a fine smoking room well provided with papers and periodicals, and a very comfortable reading room in which will shortly be established a library of general literature. The officers of the club are:—President: A. E. Durham, F.R.C.S. Treasurer: C. J. Symonds, M.S. Hon. Sec.: Lauriston E. Shaw, M.D. Committee: F. Taylor, M.D., G. Newton Pitt, M.D., J. W. Washbourn, M.D., A. Allport, Hon. Asst. Sec., J. H. Bryant, F. M. Russell, D. W. Samways, D.Sc., H. W. Webber, and The Senior in Charity. The subscription is 12/6 per annum, payable to Mr. Wells, at the Medical Office.

THE PAVY GYMNASIUM, so named from our late Senior Physician to whose generosity we owe this excellent institution, is situated in the Quadrangle of the Residential College, and is open to all members of the Students' Club; but those members desiring to use it as a place of exercise will be required to pay an additional annual subscription of 2/6, and will be enrolled as members of the Gymnasium. The affairs are managed by a Committee: Messrs. A. Allport (Sec.), W. Bligh, J. H. Bryant, F. J. Nisbet, and F. M. Russell. Subscriptions payable to the Secretary. The following Bye-laws respecting the Gymnasium have been recently issued;

"The Gymnasium shall be open to members from 8 a.m. till 10 p.m. daily.

Members practising gymnastics shall wear shoes of a kind approved by the Gymnasium Committee.

Members shall restore all dumb-bells, single-sticks, Indian clubs, &c., to their proper places after using them.

When, with the sanction of the Gymnasium Committee, a class has been formed for instruction in Gymnastics, the members of such class shall have precedence in the use of apparatus over other members during the time of the instruction.

All damage done to properties in the Gymnasium must be immediately reported to one of the Gymnasium Committee or to the Secretary of the Club.

The Gymnasium Committee shall have power to inflict a fine of Two Shillings for the infringement of any Bye-law duly made by them, and the Member so fined shall be at once suspended from the use of the Gymnasium until the fine is paid. He may, however, give notice of appeal within seven days to the Committee of the Club, whose decision shall be final."

THE PHYSICAL SOCIETY is, with one exception, the oldest Medical Society in London, having been founded in the year 1771. It is our debating club, and it affords excellent opportunities of acquiring the art of discussion. The meetings are held on alternate Saturday evenings during the Winter Session at 7.30 p.m.

At the end of the Session a Prize of Books or Surgical Instruments to the value of £7 is awarded to the Member who is judged to have read the best paper before the Society, and two similar Prizes of the value of £4 each are awarded to the Members who have most distinguished themselves in the debate. The Treasurer also gives annually a Prize of £5 for the best essay on a subject chosen by the Presidents, and the successful essay is read at the last Meeting of the Session.

The Officers of the Society for the ensuing Session are:—Honorary President: Dr. Wilks, F.R.S. Secretaries: Mr. Dunn, Dr. Shaw. Presidents: A. Ellis Durham, B.A., M.B., B.C., H. E. Durham, B.A., J. Fawcett, J. McD. Gill, M.B., F. W. Hall, H. V. Hickman, F. G. Hopkins, A. E. Norburn, A. T. Rake, A. J. Sharp, G. B. Smith, M.B., B.S., F. G. Swayne, B.A., M.B., B.C., F. G. Vicars, C. F. Wakefield, H. W. Webber.

The annual subscription is 5s., payable to Messrs. Durham, Rake, Sharp, or Wakefield. The first meeting of the Society will take place on Wednesday, October 1st, and all students, whether members or not, are cordially invited to attend. The dates of the meetings, and the subjects of the papers and debates are:—

Wednesday, October 1st.—G. A. Wright, B.A., M.B., "Medical Work in the North."

Saturday, October 18th.—J. B. Leathes, B.A., "Tobacco."

Saturday, November 1st.—Clinical Evening.

Saturday, November 15th.—T. Holmes, "Spinal Caries."

Saturday, November 29th.—Debate, "That the Medical Curriculum should be extended by one year, and that this time be devoted to pure science, rather than to professional subjects." Proposed by F. G. Hopkins.

Saturday, December 13th.—A. S. Wohlmann, "Some recent poisoning cases at Guys."

Saturday, January 10th.—Clinical Evening.

Saturday, January 24th.—A. M. Daldy. (Subject not announced.)

Saturday, February 7th.—Debate, "That inguinal colotomy is preferable to lumbar colotomy in obstruction of the rectum and large intestine." Proposed by F. W. Hall.

Saturday, February 21st.—T. R. Taylor, B.Sc., "Protoplasm."

Saturday, March 7th.—Clinical Evening.

Saturday, March 21st.—Treasurer's Prize Essay on "Inflammation."

THE LIBRARY is open to all Students from 9.30 a.m. till 5.30 p.m., except on Saturdays, when it is closed at 3 o'clock. It contains a large number of standard text-books on medicine and the allied sciences, as well as the more important medical journals. On making a deposit, of one guinea in the Medical School Office, every Student has the privilege of taking home with him one volume at a time, but this must be returned in accordance with the printed regulations, which may be seen in the Library.

THE RUGBY AND ASSOCIATION FOOTBALL CLUBS have such a wide reputation, that it is quite unnecessary to say more than that the cards of the matches for the coming season will be issued very shortly, and all information respecting them can be obtained from the Secretaries. The Officers are:—

Rugby.—A. Allport, Captain; L. E. James, Hon. Sec.; J. H, Bryant, Treasurer; and a Committee. A. W. Sheen, Captain of second XV.

Association.—O. J. Bradley, Captain; V. Pendred, Hon. Sec.; and a Committee. W. G. Mumford, Captain of second XI.

THE CRICKET CLUB has had a very satisfactory season and has repeated its former successes by winning the Cricket Cup. A meeting will shortly be held for the election of officers for the next season. Those now holding office are:—President, A. E. Durham, Esq., F.R.C.S.; Treasurer, F. Colclough; Captain, E. Reid; Vice-Captain, J. B. Bettington; Hon. Sec., S. G. Layman; and a Committee. Captain & Hon. Sec., of Second Eleven, C. E. Carpmael. Subscription, 5s., payable to any of the above-mentioned gentlemen.

THE TENNIS CLUB has an asphalte court close to the Hospital, which can be used throughout the winter. Various inter-hospital and other matches are arranged during the season, and Guy's very narrowly missed winning the cup this year. The officers of the Club are:—President, W. A. Lane, Esq., M.S., F.R.C.S.; Captain, W. E. Sturges-Jones; Vice-Captain, C. R. Colley; Hon. Treas. & Sec., W. A. Haslam; and a Committee. Subscription, 5s., payable to the Hon. Sec.

THE ATHLETIC CLUB holds an Annual Exhibition of Sports in the middle of the summer season, which is always an interesting festival. The officers are:—Chairman, R. Clement Lucas, Esq., F.R.C.S.; Hon. Sec., G. Sichel; and a Committee.

In addition to the above, there are Bicycle, Rowing, and Photographic Clubs, and a Volunteer Medical Staff Corps; and no doubt material might be found for a musical society, chess club, &c. The selection is comprehensive enough to suit all tastes.

NEW REAGENT FOR ALBUMEN IN THE URINE.

When salicylic acid is treated with sulphuric acid, a substance—supho-salicylic acid is obtained, which has the graphic formula $C_6H_3\begin{cases}SO_3H\\OH\\COOH\end{cases}$ and which is said by G. Roch, in the *Pharmaceutische Centralhalle*, to be an exceedingly delicate reagent, which will easily and certainly demonstrate the presence of half of 1 millegram of egg albumen in 10 cubic centimeters of water (or 1 part in 20,000). To demonstrate the presence of albumen in urine, all that is necessary is to bring a few minute crystals of the acid into contact with a few cubic centimeters of the urine, and agitate together. When albumen is present to the extent of 1 grain in 42 ounces, a distinct cloudiness will be produced. The reagent is not affected by any other constituent of urine, the albuminoids, peptones, sugar, uric acid, etc., remaining entirely indifferent to it.

FORTHCOMING EVENTS.

Sept. 27.—Applications received for one Ast. H.P. and two Ast. H.Ss. for November.
Oct. 1.—Winter Session Commences. First Meeting of Physical Society at 7.30 p.m.
" 2.—Second Conjoint Examination begins.
" 7.—Last day for applying for H.P. and H.S. First Conjoint Examination begins.
" 11.—Meeting of Physical Society at 7.30 p.m.
" 13.—Certificates for Registration as Medical Students to be brought to the Medical Office by this date.
" 15.—Third Conjoint Examination begins.

Marriages.

DUGON—GOODWIN.—On September 10th, at St. Alphege Church, Greenwich, Francis Dugon, M.R.C.S., L.R.C.P., of London, to Mary, only daughter of Henry Goodwin, Esq., of Burghley House, Blackheath Hill, S.E.

PRALL—NORTON.—On August 30th, at West Malling, Kent, by the Rev. Harry Hayman, Vicar of Edmunstowe, Notts., cousin of the bride, assisted by the Rev. J Tinins, Vicar of West Malling, John Henniker Prall, M.R.C.S., L.R.C.P., of Bampton, Berks, second son of John Thomas Prall, of Eastgate, Rochester, to Lucy, eldest daughter of W. Smith Norton, of West Malling.

HEATHERLEY—SACKETT.—On September 18th at Worcester, Francis Heatherley, B.S., F.R.C.S., of New Ferry, Cheshire, only son of Thomas Heatherley, late of the School of Art, London, to Grace Edith, youngest daughter of the late Henry Sackett, of Orsett, Essex, and recently matron of the Stratford-on-Avon and Windsor Hospitals.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. WELLS MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

A GUY'S MAN, practising in best part of West of England, is desirous of obtaining a Resident Patient, either child or adult. Every consideration given, and terms moderate. Apply in first instance to Mr. Wells, Medical Office, Guy's.

A Doubly Qualified Guy's Man, living in a healthy and bracing part of Devonshire, desires a Resident Patient, convalescent preferred. Shooting, fishing, tennis club near at hand.—Apply Dr. T., Morchard Bishop, Devon.

WANTED by a trebly qualified Guy's man, aged 27, a small country practice or partnership. Four years' experience in general practice.—Apply B. H., care of Mr. C. H. WELLS, Medical School, Guy's Hospital, S.E.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

COACHING. M.D. Lond., F.R.C.S. Eng., prepares Gentlemen for the London University, Fellowship, First, Second or Final Conjoint Examinations. Terms moderate.—Address, M.D., Park View, Alexandra Road, Upper Norwood.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

WANTED—Gentlemen who have spare copies of Nos. 1, 2, 3, 4, 25, & 28, Guy's Hospital Gazette, will oblige by taking them to the Librarian, who is prepared to pay sixpence per copy or exchange them for any other numbers.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

PRACTICE OR PARTNERSHIP.—Wanted by a Guy's man, M.B. Durham, M.R.C.S. Eng., Partnership with an elderly practitioner preferred; country town south or west of England. Advertiser has had considerable experience as Locum Tenens, Assistant, &c.—Apply, Mr. Wells, Medical Office, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

OCTOBER 11, 1890.

A CASE OF DIPHTHERIA, WITH MEMBRANE CONFINED TO FLOOR OF MOUTH AND TONGUE.

Patient was admitted into Mary, under Dr. Goodhart, on May 8th, 1890, for swelling in submaxillary regions, and T. 102·4.

Patient has had measles, chicken pox, usually has a winter cough. During last six months has undergone great privations. Father died of phthisis.

May 7th. Patient commenced to feel her tongue get sore, which rapidly swelled. The swelling extended to throat and submaxillary regions, and caused her great pain, with a nasty taste in her mouth. No illness or bad smells in neighbourhood.

Condition on Admission.—There was a large swelling entirely filling anterior triangles of neck, meeting across middle line, and extending nearly down to the sternum. The swelling extended up into parotid region, but was entirely absent in front of the ears. The swelling was tender to the touch and painful, and the glands in submaxillary regions could be felt enlarged through swollen tissues. No headache. Feels thirsty, but has great difficulty in swallowing, fluids having a tendency to return through nose (probably from swelling of posterior part of tongue backwards). Patient has been sick, and has a constant nausea; is unable to press her teeth together on account of pain it causes her in region of angles of jaw. Mouth remains constantly open, and the teeth are separated for the space of half-an-inch, through which the tongue can be seen pushed upwards and slightly forwards from floor of mouth. On account of difficulty in opening mouth a thorough examination of throat could not be made, but fauces and soft palate seemed perfectly normal. Tongue *covered with white fur, and swollen and indented by teeth.* No swollen glands in posterior triangles. Pulse 120, small, regular, and easily compressed. Heart-sounds normal. Knee-jerks and plantar reflexes present Respirations, 28 per minute, thoracic and abdominal. Patient expectorates quantity of frothy mucus, and complains of pain under sternum and in right axilla. Chest resonant. Breath-sounds at apices harsh. Breath-sounds behind can hardly be made out. No bronchophony or pectoriloquy. T. V. F. present but faint. No râles or rhonchi. Urine acid, 1022, a quantity of albumen, no sugar, blood, or casts.

Dr. Goodhart saw patient, and ordered calomel qr. iij. statim. Tr ferri perchlor ♏ xx, glycerine ʒj and aq ʒss. 4tis horis.

Diet. Milk, beef tea, and eggs.

May 9th. Patient unable to sleep, ordered chloralamide ʒss. Swelling on left side going down; brandy ʒij.

10th. Swelling still going down. Patient is able to open her mouth and protrude her tongue. On examining under surface of tongue and floor of mouth, several patches of diphtheritic membrane were found, and on removing a patch, a bleeding surface remained. No membrane on fauces. Ordered glycerinum boracis to swab out mouth frequently. T.103·8. Knee-jerks very faint.

11th. Patient very ill to-day, complains of pain in right side, on examining which, a faint pleuritic rub could be heard.

Patch of bleeding surface from which membrane was removed, has been recovered with a thick tough whitish membrane. Chloralmaide ʒss. h. n. Pil. col. with cal. gr. x. Inf. digitalis ʒij. Mist. ammoniæ ʒj. 4tis horis.

12th. T. 104. No more patches of membrane have appeared.

A girl in next bed has T. 102· this morning and swollen glands in submaxillary region. This case proved to be diphtheria with membrane on fauces.

13th. Temp. 104·2. Patient much weaker to-day, lips tremulous and covered with herpes. No knee-jerks to-day. A large quantity of albumen in urine. Appetite very good (had five eggs, seven pints of milk, one pint of beef tea, and brandy ʒ v). Fine crepitant râles can be heard all over left side of chest in front, and a faint rub can be heard just below and external to nipple. The rub on right side is very distinct to-day. In left lung behind patches of broncho-pneumonia can be made out, and a marked dulness from base up to 9th rib. Papain gr. 30. Borax gr. xx. Aq. ad ʒj. was ordered for painting mouth and patches under tongue.

14th. Swelling in neck has nearly disappeared. Temp. 103. Râles on left side more marked to-day. The patches of membrane on under surface of tongue and floor of mouth not so numerous, less opaque and thick than they have been. Cough troublesome. Expectorates thick brownish sputum. ʒj. chloralamide given last night, no effect, so pil. Doveri gr. x. were given, after which patient slept for a few hours.

15th. Patient much better to-day. Temp. 99·8. Membrane fast disappearing. Albumen less.

16th. Patient still improving. Albumen nearly disappeared.

17th. Albumen entirely disappeared from urine. Temp. 98·4. Chest clearing up, râles nearly all disappeared.

19th. Patient says she feels quite well.

20th. Patient slept well last night. Knee-jerks present this morning. Membrane entirely disappeared.

27th. Patient got up to-day, feels quite well.

June 6th. Patient went out well.

The case is put on record because of its rarity. Diphtheritic membrane may appear in various parts of the body and avoid the throat, although this is not common, but that it should spread freely over the under surface of the tongue and yet leave the fauces entirely free is a most unusual occurrence. Dr. Goodhart was therefore at first inclined to doubt if the membrane was diphtheritic; he was inclined to think that it might be a pellicle of simple inflammatory exudation, as is sometimes seen in various inflammations of the buccal mucous membrane, but the patient looked much more ill than was to be expected in such a condition, and the occurrence of albuminuria, and the spread of diphtheria to a neighbouring case put the matter beyond question.

W. H. JEWELL.

ON MEDICAL WORK IN THE NORTH.

By G. A. Wright.

Read before the Guy's Physical Society at the opening of the Winter Session, 1890-91.

Mr. Chairman and Gentlemen,

It is now nearly seventeen years since I made my first acquaintance with Guy's, and I well remember an interview I had with you, sir, in my first session which inspired me with the profound respect which all Guy's men always feel for Dr. Wilks. It was, therefore, with much gratification that I heard that you were going to occupy the chair at this the opening meeting of the Guy's Physical Society for the Winter Session of 1890-91, and I desire to express my great appreciation of the honour done me by the Presidents of the Society in asking me to revisit Guy's for this occasion. There is, I believe, an old tradition that you cannot go to any corner of the world without finding a Guy's man there, and it occurred to me when, after the pleasure of accepting Mr. Dunn's invitation, I was trying to find a subject upon which to address you, that some account of how the work of our profession is carried on in the North might be of interest to you. For Manchester and its district is no exception to the rule, and we have a fair

stock of Guy's men working among the millions that go to make up Greater Manchester. The names of the Lunds, father and son, Tom Jones, Ashby, Stewart, Pigeon, Liebstein, Murray, Russell, Dixon, Carr, Roberts, Jago, Garrard, and Harrop will be familiar to some of the different generations of Guy's men represented here to-night. Some of those I have mentioned have left us again, others are permanently settled in the North. If I were to go further afield many other familiar names would at once occur to some of us—Pye-Smith of Sheffield, Paul of Liverpool, Barrs of Leeds, Knaggs of Huddersfield, Baldwin of Rotherham, and many others. I propose, however, to confine my remarks mainly to Manchester. You may think it presumptuous on my part to speak of Manchester as synonymus with the North, but the truth is we do consider ourselves as the chief medical as well as commercial community, though perhaps I should find this view objected to by some of those whose names I have mentioned. Our claim, however, that Manchester represents the North has a strong foundation in the fact that the Manchester Medical School was the first complete school in the Provinces, the first, that is to say, whose entire curriculum was recognised by the Examining Boards of London and Edinburgh and of the army and navy as qualifying for examination.

The original Manchester School of Medicine was founded by Mr. Thomas Turner in the year 1824, and had its dwelling in Pine Street at the back of the present Royal Infirmary. In looking up the records of the School I was much interested to find a link between Guy's and Manchester in the fact that Mr. Turner was a Guy's man, or rather a Guy's—St. Thomas' man, and was a pupil of Sir, then Mr., Astley Cooper in 1815. He took introductions from Sir Astley to Paris when he was there after leaving Guy's.

In 1817 Mr. Turner was appointed House-Surgeon to the Manchester Town Hospital or Workhouse Infirmary. In 1821 he was elected a member of the Manchester Literary and Philosophical Society, of which Charles White was one of the chief organisers, in 1781. When Turner was elected John Dalton was president. In November, 1822, Turner delivered a course of lectures at the Society on the "Anatomy, Physiology, and Pathology of the Human Body." He had a class of about 66, and the course consisted of about 70 lectures.

From this time Mr. Turner appears to have taken a prominent part in the work of the Society as Lecturer and Member of Council, and was presented with a gold vase by his class on the conclusion of his first course.

In October, 1824, the Pine Street School was organised, and Dalton lectured on pharmaceutical chemistry, while Turner went on with his former course. A Medical Chirurgical Society for students was then established, dissections were carried on, and examinations held; a library was also opened.

Up to this time isolated courses of lectures had been delivered in Bristol, Liverpool and Manchester, but they were not recognised, and every student had to go to London to complete his course. Charles White appears to have been the first to lecture on surgery in Manchester, and Mr. Jordan on anatomy; the latter's lectures, indeed, in 1817, were recognised by the College of Surgeons.

When the new school was opened in 1825, the lecturers were Sir James Bordsley on materia medica, Mr. Ransome on surgery, Mr. Dalton on chemistry, Mr. Kinder Wood on midwifery, and Mr. Thomson on botany; Mr. Turner taking the anatomy course. At this time subjects for dissection were much more abundant in Manchester than either in London or Edinburgh (a fact suggestive that the present death rate in Manchester possibly is nothing new), and this naturally gave an impetus to the teaching of anatomy. Mr. Turner spent much time and labour, not only in lecturing and demonstrating, but in urging publicly the need for a completely equipped medical school. He formulated his ideas of the requirements of medical teaching as follows:—1st, lectures on the medical sciences; 2ndly, catechetical instruction; 3rdly, a society for students, with a library; 4thly, prize essays. These, of course, were to be additional to a hospital affording clinical material.

The Apothecaries' Society and the Edinburgh College were the first to recognise the Manchester course in 1825. Mr. Turner having addressed himself to Edinburgh, giving an account of the facilities for teaching obtainable in Manchester, among other arguments used the following—the hospital Report for the previous year at St. Bartholomews showed the total number of patients as 10,312 of which 1,600 were casualties. St. Thomas's Hospital in the same year had 10,984, while the Manchester Infirmary had 12,600 patients, including 2,245 casualties. At this time there were also in the city a dispensary, a fever hospital, a town hospital in connection with the workhouse, a lying-in hospital, and lock and eye hospitals. Recognition was practically given in that year, and in 1827 the English College and the Army and Navy followed suit.

In 1825 Mr. Turner wrote a pamphlet inscribed to Sir Robert Peel in which he set forth his views upon Medical Education, and these views are well worth studying, though they would not perhaps be supported by Professor Huxley at the present day. Briefly, his idea of a medical student's course was this. He should have a preliminary classical education, with modern languages, especially French, also mathematics and the elements of natural philosophy, and he adds, "Every kind of information in literature, science and the arts may be turned to a valuable purpose . . . for they serve to enlarge the scope of the mind, and to destroy that pedantry, stiffness, and repulsive gravity which are too often associated with the medical character."

Speaking of pathology, he says, "anatomy and physiology are the basis of pathology, without these pathology which refers to disease, whether of a medical or surgical character is quackery." His distribution of time was to give the first year of the apprenticeship to chemistry, botany, pharmacy, and materia medica; in the second year the student should study the branches of natural

philosophy, which are more immediately connected with his professional calling; in the third year anatomy and physiology; in the fourth year, in addition to anatomy and physiology, he will do well to pay some attention to hospital practice; and in the fifth and last year he should re-survey and re-study the various branches of medical science in order to apply them to the principles of medical and surgical practice." Such were Mr. Turner's views, and it is, perhaps, not uninteresting to look at them in the present day when the subject of medical education seems to be still in the crucible, and when the fifth year question is again under consideration. Probably few of us would be willing to devote quite so much of the allotted time to the preliminary subjects.

In 1827 a second school of medicine, the Mount Street School was opened chiefly by the exertions of Mr. Jordan, Dr. Radford, and others. It does not appear however to have been a great success, and was finally dissolved in 1834. After this another school again was founded in Marsden Street. Almost all the Provincial schools subsequently founded were modelled upon the Pine Street one. In chronological order they were: Sheffield, organised by Drs. Overend and Thompson in 1827; Bristol, by Hetling, and Birmingham, by Cox in 1828; Leeds, by Thackrah, and later by Hey and Teale in 1830; Norwich, by Crosse also in 1830; Hull, by Wallis in 1831; Nottingham and York in 1833; Liverpool, by Drs. Formby and Philp in 1834; and Gloucester in 1834. In the latter year a Committee of the House of Commons was appointed to consider the subject of Medical Education, and with the report of this, the requirement that any part of a student's course need be taken in London, was finally abolished.

It was not till 1830 that Mr. Turner was appointed Surgeon to the Royal Infirmary, at that time and for many years after, the election was as it is now I believe at St. Bartholomew's, by the votes of the whole number of Trustees.

In 1834 it appears that a North of England Medical Association was first started, it was organised in Leeds, and Mr. T. P. Teale was one of the promoters.

The Pine Street School flourished and became the Royal School of Medicine, and in 1850 another school was founded chiefly by Mr. Southam and Dr. Watts in Chatham Street, this lasted till 1858, then it was amalgamated with the Royal School.

In 1851 the Owens College was opened, and in 1872 the Royal School was united with it.

In giving you the brief sketch of the use of medical education in the North, which I have compiled mainly from a memoir of the late Mr. Turner, I have brought the history down to recent times. It appears then that the Manchester Infirmary was founded just 27 years after Guy's was opened, but Manchester had to wait 56 years longer than Guy's for a Medical School. At present the Manchester Medical School is passing through one of those courses so often met with in the history of such institutions. At various times in the last half century, as I have mentioned, there have been two or even three medical schools in Manchester more or less completely equipped. For the last eighteen years however medical education has been carried out jointly by the Infirmary and the Owen's College, the latter undertaking the teaching of the more purely scientific preliminary subjects, while the Infirmary with unofficial assistance from one or two of the special hospitals, has taught the practical clinical work. During this time and more especially during the last 10 or 15 years, the school has greatly thrived and advanced. Recently however certain unfortunate personal disagreements have led to a serious break in the harmonious working of the two institutions, and it is difficult at present to see what will be the final outcome of the matter. I need not however trouble you with the details of this subject, it will be sufficient if I sketch briefly to you the course of instruction now given. The student entering at the Owen's College usually in the summer session spends his first two years there, and only attends certain clinical classes at the Infirmary, together with elementary medical and surgical demonstrations. He also holds usually one junior appointment, that of dresser in the accident room, corresponding to the Guy's dressership in the surgery. At the end of the two years, having entered for the Infirmary practice at the end of his first year, he attends various classes and holds the usual appointments, much on the same plan as at other schools. We in Manchester make much of our clinical teaching and of our resident appointments. Regular systematic clinical teaching in classes is carried out, and the out-patient room work is utilised to its full extent. Special classes preparatory to examinations are also held. Our resident appointments consist of a Resident Surgical Officership and Resident Medical Officership, four House Surgeoncies (one for each Surgeon), and two House Physiciancies; there are also Non-Resident Medical and Surgical and Pathological Registrars, and a Chloroformist, as well as two Assistant Medical Officers for the house patient work. At present we have in the Royal Infirmary 298 beds, with an in-patient list of 4,500, and nearly 35,000 out-patients. Our Theatre operation list shows nearly 1,400 operations performed in the Theatre during the year, a record probably unsurpassed in England.

In addition to the Central Hospital we have a Fever Hospital and a Convalescent Hospital under the same management; in the former regular instruction is given by the Infirmary staff. Some 1,900 fever patients and 3,000 to 4,000 convalescents are admitted during the year. There is also a lunatic asylum controlled by the Infirmary Board, and classes are organized here also. We hope shortly to get the Infirmary rebuilt on its present site, and enlarged to contain 500 beds. We shall then be probably as well equipped as about any medical school. Our arrangements for practical midwifery would be improved by the union of St. Mary's Hospital with the Infirmary, a scheme that has a considerable chance of being carried out. At present some 3,000 maternity cases, as well as a large number of out

and in-patients, are seen there, and systematic teaching is given. There is also a minor Women and Children's Hospital, the Southam, where some teaching is done. Instruction in the department of the eye, ear, and throat is also given at the Infirmary.

Perhaps I can hardly illustrate the recent growth of medical teaching in Manchester more strikingly than by telling you, that only some eight years ago we used to advertise for and take outsiders as House Surgeons and House Physicians; now there are usually twice as many eligible applicants as there are vacancies, and competition is most keen. Our entry of students also has risen from 49 to 92 in the last eight years.

Besides our own resident appointments at the Infirmary, a large number of hospital offices in Manchester and the surrounding towns are generally filled by our own students, such as St. Mary's Hospital for Women, the Children's Hospital, and so on: some of the appointments at these neighbouring institutions are almost always held by our men. I need hardly urge, at Guy's, where probably of all Hospitals in the world the value of clinical appointments is most highly appreciated, that in these days no man has a chance of an outside resident Hospital appointment worth having unless he has held a previous house surgeoncy or house physiciancy at his own Hospital; and, therefore, that every man should strive his utmost to obtain one of these posts; and this, no doubt, is a strong argument in favour of the recent partial conversion of the old Guy's dresserships into house surgeoncies.

Having tried to point out to you some of the advantages we possess in the north, I must tell you one disadvantage in our northern position, that is, that border raids by our Scotch neighbours are still carried on with much spirit, and, like our other neighbours, the Germans, though they talk and even sing a great deal about their dear Fatherland, they do not at all seem to be in any hurry to return to it after once tasting the good things of the Southerner. Soon, however, our own Colonies will become numerous enough to fill all gaps.

In the matter of learned societies, we boast of a Medical Society, with a library of some 30,000—40,000 volumes, a Clinical Society, and a Pathological Society (which is older than that of London), as well as of a Medico Ethical Society, whose only function, as far as I can discover, is that of consuming large quantities of tea once a month: no doubt on the ground that temperance is the foundation of all ethics. We have a medical journal of our own, the *Medical Chronicle*, which admittedly takes very high rank among the monthly medical periodicals.

The system of post graduate lectures is developing in Manchester both at the general and special Hospitals: they were first given at the Eye Hospital a year or two ago, and have been taken up this year both by the Infirmary staff and the Owen's College staff.

Private coaching in Manchester is not carried on to any very great extent; it is done, but with us, as elsewhere no doubt, the days for it are nearly gone by. The vastly increased amount of trouble taken in public teaching at the Hospitals has gone far to abolish the private coach, whose chief function nowadays is, I think, to teach men to write papers, and even this is becoming unnecessary, since frequent papers are set for each batch of men before their finals.

Another important matter in the interests of hospital work and teaching, the attitude of the lay authorities towards the medical, has to be taken into account in estimating the prospects of any medical school. It is, no doubt, often difficult for laymen to appreciate the aims and needs of the medical workers, and it requires an educated and thoughtful man to see that a hospital is not merely a place where the annual report must be made to show the largest possible number of patients treated for the smallest possible sum per head. In Manchester we are happily gradually emerging from the dark days when medical students were looked upon as hardly necessary evils, and their existence was supposed to be a concession to the interest of the medical staff, and I am glad to say that people now pretty generally recognise the fact that the best guarantee for the welfare of hospital patients is the presence of a medical school in connection with the hospital.

There is one improvement I should specially like to see among our institutions, and that is a medical college in connection with the infirmary on the lines of your admirable new building. I have long looked upon this as one of the most desirable additions possible to a medical school. Not only does it give facilities for seeing practice and for the carrying out of hospital work, but it removes one of the greatest drawbacks to student life—the dreariness of lodging-house existence. With us, however, it is no doubt less necessary than with you, for a large number of our students come from within the Manchester circle and are able to live at home; still it would be in many ways a great gain, and I hope before many years are over we shall have one.

(To be continued).

Correspondence.

To the Editor of Guy's Hospital Gazette.

MEDICAL LATIN.

Sir,—The question whether a medical student ought to know a little Latin has been much discussed of late. A few weeks since Prof. Huxley wrote to the *Times* saying that it was waste of time, that it would be much better to study science, and that English literature provided an abundance of material from which to construct a well-polished literary style. Perhaps this was rather disappointing to those who are familiar with Prof. Huxley's writings. Indeed it seemed a "hard saying." Could it be modesty which led him to deny his indebtedness to classics? Or was it not something akin to ingratitude, kicking down the ladder by which he had reached that pinnacle of fame as an author? Be that as it may, he cast in his vote with those who would

not make Latin a compulsory subject in the Preliminary Examination in Arts for medical students. Now I cannot help thinking that if Prof. Huxley, and those who think with him, would pay a visit to some of the metropolitan dissecting rooms, and quietly move about among the freshmen, he and they would be compelled to alter their opinions. The "smattering of Latin" which he severely derides is enough to enable a man to appreciate the meaning of *fascia lata, latissimus dorsi, attrahens aurem*, the difference between *pectoralis major* and *minor*, and such like homely phrases, though it may not fit him to turn out passable hexameters. It may be too much to expect any freshman to know the "quantities" of the names, particularly those derived from the Greek; hence we hear of the *tensor vāgĭnae femōris, ābdŏmen, ŏlĕcrānon, părĭĕtal*, and so forth. Some, no doubt, would prefer to use English equivalents for all the names in anatomy, or, if that be considered too great an innovation, would suggest that the proper quantities be marked, and the meaning of the word appended in brackets. This is more or less efficiently done in some text-books, but there is room for improvement in all. There is a note in the old minute book of the Barber-Surgeons Company, dated 1556, which says that "from the feaste of Saint Michaell the Archanngell next comynge no barber-surgeon that dothe occupye the mystery of surgery shall take or have any prentys but that he can skyll of the Laten tonge and understand the same." This resolution of course refers to the need of Latin in writing and reading prescriptions. But surely in these days that is the least important reason for learning Latin; indeed if we only want to know what *t.d.s., p.r.n., s.o.s.*, stand for, then by all means let us wipe out Latin from the syllabus, and turn our attention to something else. I shall say nothing about the study of Latin as a language, as a very perfect and beautiful mode of expressing thought; but confine myself to this single utilitarian argument in its favour, that we need at least a "smattering" of it for the intelligent appreciation of scientific names.—I am, &c.,

SCALPEL.

WANTED A SUGGESTION.

Sir,—I have only lately set up in a country place, where I am the only medical man unable to recline majestically in a trap, but have to pursue my avocations on foot. I have had the misfortune to offend a livery stable keeper in the immediate neighbourhood, and the man with fiendish ingenuity stations one of his ostler's at the gate of the yard with instructions to call out "Carriage, Sir?" whenever I happen to pass. As this occurs several times a day it is becoming an intolerable nuisance, and I should be grateful if any of your readers could make a suggestion. I may say I have tried repartee and hiring two men to take him round the corner and sit on him, but without the least success; the former may have failed through not being fresh, but why the latter didn't act I cannot comprehend.—Thanking you in advance, I am yours, etc.,

PUZZLED.

GUY'S HOSPITAL DENTAL SCHOOL.

Analysis of Practice for September, 1890.

Extractions, ordinary	499
,, under anæsthetics	316
Gold fillings	43
Amalgam fillings	39
Osteo fillings	25
Temporary gutta percha fillings	81
Permanent ,, ,, ...	0
Scalings	4
Crowns	1
Regulations	14
Splints	5
Dentures	11
Dressings	88
Advice	95
	1221

FREDK. W. TÀ BOIS,
Assistant Dental House Surgeon.

PASS LIST.

SECOND CONJOINT EXAMINATION.

Anatomy and Physiology.

A. V. Chapman.

Anatomy only.

H. Hearnden. R. E. T. Ingram.
S. Infield. D. A. W. Martin.
G. A. Skinner.

Physiology only.

J. H. Bethington. E. Hunt.
E. J. H. Budge. G. T. Manning.
J. W. Eastment. S. E. Worts.

The above are the only names we have received up to this date.

The late Sir William Gull's butler was a great character—a small dark man, always white-chokered and dressed in black, with a calm solemn manner. His income from tips must have been large, as the waiting-room was always crammed, and the order of audience was settled by him. One day, summoned to the street-door by a more than ordinary fierce knock, he found an excited individual just alighted from a cab. "Sir William Gull in?" "Yes, sir." "I want to see him." "Have you an appointment, sir?" "Appointment? No! I'm very ill. I want to see Sir William." "Impossible, sir, without an appointment." Naughty word emitted by visitor; then—"When can I see him?" "Well, sir"—after consulting paper—"at eleven on Tuesday next." "Tuesday next be hanged! I'm very ill! I tell you I must see some one! Do you know any one near who could see me?" Servant, after cogitation: "Well, sir, there's a gentleman over the way—a very respectable practitioner named Jenner—he might be able to see you."

MRS. KEOGH.

Passim.

The Winter Session opened on October 1st with a House Dinner at the Students' Club. Some 160 tickets were issued to members of the Club and their friends, including many old Guy's men. The chair was taken by Mr. Durham, the President of the Club, and he was supported by the Treasurer, Sir Henry Peek, and Dr. Wilks. The Hospital and School Staff was well represented, many of them being accompanied with friends. Among the old Guy's men we noticed Drs. Dakin, Parry-Jones, Austen, Prall, T. Randell, P. N. Randall, Blaker, Deane, and Gardiner.

Mr. G. A. Wright, of Manchester, who had been invited to read a paper at the opening of the Physical Society, was present as the guest of the Society. Everything passed off very satisfactorily, although the waiting was carried on under considerable mechanical difficulties owing to the limited space. The large Dining Hall in the College was positively crammed, and every available corner was made use of. Towards the end of dinner Mr. Durham rose to propose "Prosperity to the Club," and said that he hoped this House Dinner would become an annual festival. The Treasurer and Sir Henry Peek also spoke. After a short smoke most of those present betook themselves to the Anatomical Theatre to hear Dr. Wilks. We think the Secretaries and those responsible for getting up the dinner are deserving of a hearty vote of thanks, as it must have involved an immense amount of labour and anxiety.

The opening of the Physical Society took place after the House Dinner at the Club. Dr. Wilks was in the chair, and there were about 180 present, including the Treasurer, Sir Henry Peek, and a large number of the Staff. It was very amusing to see Mr. Durham and Dr. Savage sitting in the bottom row of the anatomical theatre, smoking long cigars. Dr. Wilks gave the new men a very hearty welcome and some excellent advice, and then chatted about things in general for the space of half-an-hour in the way we all know and love so well. He was very severe on the self-styled "practical" man, contending that the best educated men made the best doctors; and then he pointed out by reference to the characters of Guy's celebrities what wide sympathies the medical career engendered, and what noble examples we had to follow. Mr. G. A. Wright then read an interesting paper on "Medical Work in the North," which will be found in another column. After the usual votes of thanks, which were proposed by Messrs. Norburn, Swayne and Hickman, the meeting adjourned to the Club to enjoy a smoke and some light refreshment, and to examine the very creditable work of our enthusiastic photographers. The reading room was crowded with tables, displaying views taken during the vacation, pathological and clinical photos, all the latest surgical instruments, and various *objets d'art*. Altogether a very pleasant evening was spent.

The subject of the photograph in the present issue requires no words of introduction from us. How many generations of dressers and house surgeons Mrs. Keogh has helped in the surgery it would be hard to say, but not a few of those now on the staff of the Hospital have worked under her supervision. And very helpful that supervision was. When in doubt about taking in an obscure or vague case, "ask Mrs. Keogh" has always been the motto. Her ability in recognising the shammers was a marvel to the surgical tyro. We are glad to have this opportunity of offering Mrs. Keogh, on behalf of a long array of past and present Guy's men, our very best wishes and thanks.

This is an age of "record-breaking," and Guy's must be to the fore. Although the total

number of entries has not yet been declared, it bids fair to surpass that of any previous year in the history of our Medical School.

The Entrance Scholarships this year have been awarded as follows:—The Open Scholarships in Arts to Henry Percival Ferraby, of Bedford Modern School, 100 guineas; and to George Frederick Still, of Caius College, Cambridge, 50 guineas. The Open Scholarships in Science to Francis James Stewart, Old Charlton, 125 guineas; and to Alfred Salter, of Lewisham, 50 guineas.

The next meeting of the Physical Society takes place on Saturday, October 18th. A paper will be read by Mr. J. B. Leathes on "Tobacco"—a very interesting subject to us all. An abstract of the paper is subjoined:—

"The tobacco controversy—science the final court of appeal. How far science can be said to be in a position to pronounce sentence. The physiological action of nicotin. The analysis of tobacco smoke. The application of such results as have been attained to in determining the validity of the charges made against the habit of tobacco smoking under the following heads:—General health and athletic training, smoker's heart, digestion, mental powers, eyesight, the throat, the teeth, cancer, consideration of the common pleas in favour of the practice."

The Post Office authorities have sanctioned the erection of a letter box for the convenience of residents in the College.

Hospital News.

INTERESTING CASES.

Charity	4	Cancer of rectum.
	15	Malignant disease of œsophagus.
Luke	16	Early morbus coxæ.
Naaman	11	Tumour of nose.
	21	Renal calculus.
Lazarus	14	Prostatic tumour, hæmaturia.
Job	18	Inversion of testis: epididymitis.
	15	Prostatic calculus?
Martha	6	Ilio-psoas abscess.
	Cot B.	Epiphysitis of femur.
	20.	Tumour of knee.
Cornelius	6	Old excision of humerus, &c.
Philip	2	Cerebral tumour.
	9	Enlarged liver and spleen.
	11	Insular sclerosis.
	19	Morbus cordis
	23	Acute pneumonia.
	25	Spinal pachymeningitis.
	29	Peripheral neuritis.
Stephen	2	Disease of pancreas.
	12	Thoracic aneurysm; morbus cordis.
	21	Hæmaturia; ? vesical growth.
	28	Dilated stomach.
	31	Abdominal aneurysm.
Mary	13	Hodgkin's disease.
	15	Jaundice, diarrhœa; ? gall stones.
	23	Paraplegia.
	32	Morbus cordis.

THE OPENING OF THE PAVY GYMNASIUM.

Shortly after half-past three vociferous cheering heralded the approach of Dr. Pavy, Mr. Durham and Mr. Lushington, accompanied by Drs. Taylor, Perry, Pitt and Shaw, and Messrs. Lucas, Howse, Dunn, Allport and Bligh. Mr. Durham, rising as chairman, said, "Gentlemen, it is always a great pleasure to me to address a body of Guy's students, and I have never addressed such a body with so much pleasure as on the present occasion. It is a red letter day in the record of the Guy's Hospital students' club, and of Guy's Hospital students generally. Nothing has ever been better done for the welfare of our students than the establishment of a club, and to crown this well-doing there has now been erected and fitted up this gymnasium, which we are all here to open to-day. I have, in the first place, to call upon Mr. Allport. He in turn will ask Dr. Pavy to formally open and hand over the key of the gymnasium, as he has already done most willingly and thoroughly in heart, and I am sure that you will all benefit much by his kindness and his generosity, and future students will be very grateful to him for what he has done.

Mr. Allport, who seemed somewhat perturbed by his enthusiastic reception, said, "Before I ask Dr. Pavy to perform the pleasant ceremony, I think, perhaps, a few words about the benefits which will accrue to us, benefits which must have been in Dr. Pavy's mind in giving us this present but which his modesty prevents him recounting. Some three years ago when the club was in Hunt's buildings over the road a gymnasium was started in a humble way with the object of keeping the football men in training. It became extremely popular, and was frequented by many men other than those for whom it was originally intended. When the club was moved over here we were left in doubt whether the gymnastic classes could be carried on at all; the gymnastic outlook was very stormy, and the horizon obscured by darkness (laughter),

but at this crisis (loud laughter) Dr. Pavy burst upon us like the warm sun (cheers and laughter), dispelled the clouds, and not only offered to us a gymnasium but agreed to fit it up for us as well.

"We cannot estimate the benefit of it too greatly; men coming to a London Hospital must necessarily miss the daily exercise they are used to at school or college. They come to hospital and finding such exercise impracticable they endeavour to repair the vacany with less healthful amusements in the form of billiards or the card table (laughter, and a well-known voice, No! No!). We have football, cricket, tennis and boating, but many men don't feel inclined to give up the time to these sports, and it is these men who will benefit by the classes held here. The residents, too, can drop in before breakfast in the morning (signs of dissent) and have a fling with the clubs, or a go at the dumb-bells, and then after a bath and a rub down will face their breakfast in a way unknown to the average student.

"Gymnastics will develop the muscles better than any other kind of exercise, and although there is a great deal of prejudice against boxing on account of the rag-tag and bob-tail hanging to the skirts of the boxing world, I can assure you that if it were done away with, that bobtail would only hang on to the skirts of some other world, and boxing has ranked among its devotees nobility and statesmen, and not only so, but poets and authors too, indeed I was told by a boxing authority the other day that Byron was a prize fighter "chucked away" (laughter.) In conclusion, Dr. Pavy might have provided a laboratory, or library, or founded a scholarship, but he has presented us with something far better than that (hear, hear), and his name will be remembered apart from his medical fame as the true friend of the student of Guy's Hospital. I now ask Dr. Pavy to present the key of the building to Mr. Bligh."

"You must give it me first of all," said Dr. Pavy, and then a reversal of the ceremony was witnessed, Mr. Bligh gravely presenting the key to Dr. Pavy, who firmly grasped it and said, "now I am in possession of the key, I am in a position to perform what I have been called upon to do, and which I carry out with the greatest heartiness and satisfaction. I think my long relation with physiology has lead us up to the present day. Associated as I have been with the teaching of physiology and health, and feeling as I do a most hearty interest in Guy's students, I think these two incentives must have led up to the thought which has prompted the action of to day. I wished the students to have a healthy pastime during the intervals of their studies, and of thus maintaining a state of bodily health Now, what does physiology teach us for the maintenance of bodily health,—that for the health of the whole there must be exercise of the component parts. I cannot put it in the feeling and poetic strain of my friend Mr. Allport (laughter), but I put it straightforwardly and physiologically. By studying, the brain is worked, and you want bodily exercise to maintain a healthy balance of the whole. We not only want to see men put Guy's in the first position at the examinations, but also to see Guy's to the fore in athletic sports and contests. Muscular power is not everything in such sports, but it goes for a good deal; and here the student will gain the muscular power to prepare him for friendly rivalry with other institutions. It is in a good position, too, and it was a most happy and fortunate opportunity given us to place it in this position in the midst of the College.

"I have been greatly assisted by the gymnasium committee, and to them I tender my most hearty thanks. Especially would I mention Mr. Nesbit, who not only helped to name the various appliances that would be required, but also personally superintended all the work that was done. It remains now only for me to hand over the key to Mr. Bligh, and to express a fervent hope that the gymnasium will prove of service to Guy's students, not only in the present but also to the student of the hereafter (cheers)."

Mr. Bligh, the hon. secretary of the gymnasium, said, "My principal duty is to thank you, Dr. Pavy, in the name of the committee, and of the students generally, for your kind and generous gift; and to shew you to what use we shall put it, I may say that the gymnasium will be open from 8 a.m. to 10 p.m. for practice; that Mr. Nesbit will hold a class here on Tuesdays and Fridays, from 5 to 6 p.m.; and that I myself will take a squad on Mondays and Thursdays, from 4 to 5 o'clock; and on Wednesday a boxing instructor will be present, as we notice a certain hesitation amongst the men to face Messrs. Nesbit and Allport. To shew you how Guy's men appreciate your gift, I have already enrolled sixty or seventy men as regular workers in the squads. In conclusion, although there is a brass plate put up to tell future Guys' men of their benefactor, we need not such reminders, for not only does the predominating colour around remind us of the cerulean tint of a certain famous *liquor*, but also the *pavement* on which we stand, and on which we shall always work, is *like your* epithelium that *paves your eye*."

A vote of thanks to Mr. Durham was proposed by Mr. Nesbit, and the former as usual made a most opportune remark that the meeting was closed by the gymnasium being opened, and himself led three hearty cheers for Dr. Pavy.

A SHORT DESCRIPTION OF THE PAVY GYMNASIUM,

With a List of the Apparatus and Fittings that it Contains.

For the benefit of readers of the Gazette who are unable to visit us and to see Dr. Pavy's gift for themselves, I have been asked by our worthy editor to give a short account of it and its contents.

The Gymnasium is situated in the middle of the college quadrangle, and is for the most part beneath the level of the ground, its ceiling being formed by the level

of the quad, while its domed roof of glass and ironwork rises above that level for a distance of 9 feet. This ceiling is supported by three iron pillars along each side, and is about 10 feet in depth all round measured from pillars to walls, and 10 feet from the level of the floor. The direction of the pillars is carried up straight for about 6 feet above the quad level, and then semi-circular arches are thrown across from side to side so that the height of the roof to the floor at the centre of the gymnasium is 20 feet. By this arrangement an ample supply of light and air is obtained, the whole roof as distinct from the ceiling being one large window, numerous portions of which can be opened at pleasure, so that anyone standing on the floor of the gymnasium can barely imagine that he is some 10 feet below the level of the street.

The gymnasium is a square, with two sides which run north and south rather longer than the other two (N.B. I am not an Irishman), so that it is 39 feet long, 32 feet broad, and encloses a floor area of 1,248 square feet. It is entered by a doorway situated in the east wall near its junction with the south wall, and two steps down from this doorway brings one on to a ledge which runs along the south and east walls, which has a varying depth of from 4 to 6 feet, and is about 4ft from the floor. This ledge is railed off along the east wall by a handsome iron railing with an oak top-rail, and chairs are placed along it for the convenience of spectators.

The ledge along the south wall has been fitted with racks for the Indian clubs and dumb-bells, and along the racks there is a brass tablet on the wall with the following inscription:—"This Gymnasium was built and furnished by the liberality of F. W. Pavy, Esq., M.D., F.R.S., LL.D., October, 1890." Crossing this ledge one descends by five stone steps on to the floor which is paved with oblong wooden blocks, arranged in groups of four, each group being set at right angles to the contiguous groups.

The six pillars are padded to a height of 7 feet from the floor with canvas sacks stuffed with seaweed, and around this a stout leather casing is laced on, so that a collision with a pillar when boxing will cause a minimum amount of damage to the unwary pugilist.

The prevailing colour in the gymnasium is blue, the pillars above the padding, the iron edge of the ceiling and all the heavy ironwork of the roof being a medium, while the walls and the lighter ironwork are a lighter shade of that colour. The ironwork of the various apparatus is also picked out with blue enamel, so that the whole harmonizes very prettily.

The Gymnasium contains the following apparatus and fittings:—

1. A moveable horizontal bar with iron uprights and guys and a steel core, which stands when fixed a little to the south side of the middle of the floor.

2. A pair of parallel bars fitted with eyelet holes and spring pins, so that they can be shifted from 3 to 6 feet in height, and fixed at any intermediate height.

3. A pair of low parallel bars about two feet in height for learning the long arm balance on.

4. A leather padded vaulting-horse fitted with pommels and spring board, and having legs that can be altered in height.

5. A bridge ladder, placed beneath the ceiling on the north side and occupying the whole breadth of the gymnasium at that point.

6. A perpendicular ladder reaching from the floor to three feet above the edge of the ceiling where it is fixed into the ironwork of the upright portion of the roof.

7. A sparred plank, fixed in the same way as the last: These two last instruments are one on each side of the south side of the gymnasium and make an angle of about 60° with the floor.

8. Fixed to the summit of the two centre pillars are two wrought-iron feet some six feet long, supporting a wooden beam, which stretches across the centre of the arching roof: these feet are guyed on either side to the iron edge of the ceiling, and to the beam which they carry are fixed a pair of stirrups in the centre and a climbing rope on each side. All these can be gathered together and drawn up out of the way by a pulley when required.

9. A pair of stands, 7 feet high, pierced with eyelet holes 2 inches apart, and fitted with crossbars, for high jump practice.

10. A milkman's yoke, fitted with chains and hooks, provided with two 56-lbs., two 28-lbs., and two 14-lbs. weights. for leg exercises.

11. The racks contain: (*a*) 20 pairs of Indian clubs, the majority being five pounders, but there are several pairs of two pounders for beginners. (*b*) the following dumb-bells: one pair 20-lbs., two pairs 10-lbs., eight pairs 8-lbs., 16 pairs 5-lbs., and six pairs 1-lb.

12. For the benefit of boxing men, there is a swinging football fixed to the ceiling, with its swing limited by a cord fastened to it and made fast at any length to an eyelet hole in the floor: there is also a punching sack, well padded and covered with chamois leather, fixed to the wall at a convenient height.

13. There are five sets of boxing gloves provided, and a cupboard containing one set will be kept at the Porter's Lodge at the College. A note book will be kept in the lodge, and any member taking the gloves for practice will be expected to place his name therein, and will be held responsible for their safe return.

14. A moveable boxing-ring has been contrived at the north end, two of its corners being at the two centre pillars, and the other two at a distance of three feet from the north wall.

15. There are four large cocoanut mattresses, and two smaller ones, for use with the bar, parallels, etc.

In conclusion, the Committee hope that all members of the Gymnasium will cordially work with them in their endeavours to keep and guard Dr. Pavy's kind gift, so that at the end of the session the only difference noticeable in the fittings will be that produced by fair "wear and tear."

W. BLIGH, *Hon. Sec.*

CLINICAL LECTURE ON ADENOIDS IN THE NASO-PHARYNX.

By Mr. Symonds.

It is my custom to select for one of my lectures a subject from the Throat Department, and I propose to-day to ask your attention to one of the most common maladies, viz., adenoid vegetations in the naso-pharynx. The importance of the early recognition of this complaint cannot be over estimated, when the number of those who become more or less deaf is considered. Many hundreds, nay thousands, of children are now saved from this, the most serious defect. I find that we have operated on 103 cases in the out-patient room. To this number I will add 30 private cases, and on the total of 133 I will base my remarks.

Let me first remind you of the anatomy of that part of the pharynx lying behind the nose—the naso-pharynx. Bounded above by the base of the skull it is closed in the act of swallowing below by the contact of the soft palate with the pharynx. In front are the posterior apertures of the nose, with the turbinated bones. Just behind the inferior meatus are situated the orifices of the Eustachian tubes. On the posterior wall close to the roof, is situated a mass of lymphoid tissue, called Lushka's tonsil, and it is the enlargement of this tonsil which constitutes these so-called adenoids. In structure this tonsil resembles those found in the fauces, and it is no uncommon thing to find all these enlarged at the same time. Now, nasal respiration is, as you know, the only healthy form, and this is impossible for those whose naso-pharynx is filled. Enlargement of this tonsil fills the space more or less, in some children the finger cannot be passed into the space on account of the mass of new tissue. This effect is to prevent nasal and to determine oral respiration, and hence you find these children habitually keep the mouth open, a habit for which they are unjustly blamed, and even punished. Persistent mouth-breathing leads to a chain of symptoms, and to changes in the facial expression, which are characteristic, as I will presently show.

Here is a child, aged six, sent up for operation by Dr. Bull, of Chislehurst, who exhibits in a marked degree the evil effects of adenoids. This is a photograph of the child, kindly taken for me by Mr. Fraser, in order that I may compare it with the appearance of the child in six months' time. Here are photographs of two other cases, exhibiting in the most striking manner the facial expression characteristic of prolonged nasal obstruction. I am indebted to my clinical assistant, Mr. Russell, for these photographs. (They were shown at the lecture).

Observe the facial aspects of these patients. You will see that the effect of a purely oral respiration is to produce profound alterations in the development of the nose, and as I will shew also in the nasal cavities. The nose is narrow, the nostrils small, and the eyes look large and far apart, the under lip falling, gives, with the listening attitude adopted on account of the deafness, a heavy and stupid expression. This is well exhibited in photo No. 3, and in this little child.

But, besides these outward changes, we find that the palate is high, and when the disease has lasted to the 18th year, the nasal cavity is narrowed, or rather undeveloped, so that in some cases respiration is imperfect after removal of the adenoids. At the same time the naso-pharynx is narrowed. In a young lady whom I saw some time ago, and who had had her adenoids removed at 20, the peculiarity of speech remained partially, and the nasal and naso-pharyngeal cavities were much narrowed. She came because she could not make high notes in singing, an accomplishment she can never acquire, even if she had the power in the vocal cords.

Alteration of Speech.—The filling up of the resounding space of the naso-pharynx, and the obstruction to the passage of air through the nose gives, as Meyer has said, a "dead" character to the voice. The patient speaks as if he always had a cold, *i.e.*, the sounds are toneless. The test is made by asking the patient to sound the nasal consonants. If you will listen to this girl's voice you will notice that her 'm' becomes 'eb,' and 'n' 'ed,' that 'song' becomes 'sog.' Again, she is unable to prolong the sound of 'm' keeping the mouth shut, simply because she cannot send the air through her nose. All these symptoms are exaggerated on the slightest cold.

Deafness.—You will see by the diagrams how seriously these growths interfere with the entry of air into the Eustachian tubes. Hence these children are nearly always deaf, or you will be told that they become deaf the moment they get a cold, and that they are always having colds. Most of the deafness in children is due to the throat condition. In the child that is not deaf the formation is confined to the middle of the pharynx, just behind the base of the uvula, the roof is free, and so are the parts surrounding the Eustachian tubes. This deafness is always remedied if removal of the growths be undertaken early, say before 15; after that date, as I will mention later on, a liability to deafness remains. In a few cases otitis media results, and the child comes with otorrhœa, in this case more or less deafness is permanent. In slight cases the ear symptoms may not amount to more than occasional tinnitus and fulness in the ears. It is true to say that in all children with slight deafness the cause lies in the naso-pharynx. In the minority there is a history of measles or scarlatina.

Snoring.—In children under 5 the leading symptom is noisy breathing. At night the child snores and the mouth remains open. So loud is this in some cases that no one can sleep in the same room. The sleep, in consequence, is disturbed and restless, and the child's face will become quite dusky and blue. This is due to the impossibility of breathing through the nose. If some of these snoring children be examined, it will be found that air will pass through the nostrils freely when awake, but during sleep, in the absence of muscular action, and owing to the paretic state of the soft palate, the obstruction is sufficient to determine buccal respiration. In severe cases the mouth is kept open during the day, in fact, all respiration is oral.

Some patients are unable to blow the nose, and so never use a handkerchief, all the secretion passing into the pharynx. One man told me his child had "no idea of using a handkerchief," though her nose seemed always obstructed. One young lady sent to me because of the nasal sound of the voice in singing, and of the fatigue which the effort occasioned, told me that she could never drink a glass of water without stopping many times, a feat she was able to accomplish after the adenoids were removed.

Another symptom frequently present, but in my experience not so frequently existing as some writers state, is a *discharge from the nose*, coming partly forward and partly into the pharynx. The margins of the nostrils are irritated by the acrid discharge, and become red, a condition often seen in children. A patient was sent to me recently by a medical friend, for constant sniffling, which he rightly attributed to these adenoids.

One young lady was brought to me for nasal discharge with a bad odour. She used two handkerchiefs a day. The adenoids were removed in two sittings, and in a fortnight from the first operation all discharge had ceased.

Bleeding.—Besides this mucoid discharge, more or less blood is occasionally present. This is found in the mouth on waking, or will run on to the pillow. Dr. Pitt sent a girl, about 17, to the out-patient room recently, for blood spitting. She stated that every morning she spat up some dark blood. As Dr. Pitt thought, this proved to be due to some vegetations in the naso-pharynx, and their removal was followed by complete recovery. A like symptom occurred in a man about 20. In another case, the bleeding was due to, or to the irritation of a, mucous polypus. Another girl of 12 had epistaxis on and off all her life, with bleeding from the mouth as well.

Many *nervous symptoms* are attributed to the presence of these adenoids, thus Schech says, there may be pain at the back of the head, a dull feeling of pressure in the head and supra-orbital neuralgia, asthma, and other reflex neuroses. Lennox Brown holds the opinion that in almost all, if not all, cases of Laryngismus Stridulus the subjects would, if examined, be found to be mouth breathers, *i.e.*, have some nasal obstruction. A short, frequent cough, without any expectoration, exists in most cases. This is known as a "throat cough," and is due in part at least to mucus trickling down the pharynx to the larynx.

I saw recently a very interesting case of adenoids with Dr. Poole, of Sidcup in which there were nerve symptoms resembling locomotor ataxy; the boy could not walk in a straight line, and could not stand with his eyes shut, and had a somewhat halting speech, symptoms which suggested Friedreich's disease. These symptoms had existed for some time, but now, a year after the operation, are only occasional, and the boy has lost his habitual stoop and has much improved generally.

(To be continued.)

APPOINTMENT.

Creasy, J. G., M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Fourth District of the Bromley Union, Kent.

The *Brooklyn Medical Journal* relates an incident which shows that the much-despised general practitioner can at times teach his highly-gifted rival, the specialist, a lesson in the practice of physic. "A gentleman being troubled with sore throat visited an eminent genito-urinary specialist, who diagnosed secondary syphilis, and ordered mixed treatment, which afforded no relief. He was then referred to a neurologist, who located the trouble in the brain, and prescribed strychnia and galvanism, which also failed to improve the throat. Then he went to a laryngologist, who decided that the trouble was catarrhal pharyngitis, and used astringents, which the patient said made him worse. Finally he fell into the hands of a well-known general practitioner, who prescribed for an old standing dyspepsia, and the throat was soon entirely well."

Marriage.

POLLARD—GROVE.—On September 24th, 1890, at Christ Church, Clifton, by the Right Rev. Bishop Speechly, D.D. (uncle of the bride), assisted by the Revs. G. C. Pollard and L. G. Pollard, (father and brother of the bridegroom), George Samuel Pollard, Esq., M.R.C.S., L.R.C.P. Eng., to Norah, eldest daughter of Major-General H. Leslie Grove.

Advertisements.

A GUY'S MAN, practising in best part of West of England, is desirous of obtaining a Resident Patient, either child or adult. Every consideration given, and terms moderate. Apply in first instance to Mr. Wells, Medical Office, Guy's.

A Doubly Qualified Guy's Man, living in a healthy and bracing part of Devonshire, desires a Resident Patient, convalescent preferred. Shooting, fishing, tennis club near at hand.—Apply Dr. T., Morchard Bishop, Devon.

WANTED by a trebly qualified Guy's man, aged 27, a small country practice or partnership. Four years' experience in general practice.—Apply B. H., care of Mr. C. H. Wells, Medical School, Guy's Hospital, S.E.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

COACHING. M.D. Lond., F.R.C.S. Eng., prepares Gentlemen for the London University, Fellowship, First, Second or Final Conjoint Examinations. Terms moderate.—Address, M.D., Park View, Alexandra Road, Upper Norwood.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

WANTED—Gentlemen who have spare copies of Nos. 1, 2, 3, 4, 25, & 28, Guy's Hospital Gazette, will oblige by taking them to the Librarian, who is prepared to pay sixpence per copy or exchange them for any other numbers.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

PRACTICE OR PARTNERSHIP.—Wanted by a Guy's man, M.B. Durham, M.R.C.S. Eng., Partnership with an elderly practitioner preferred; country town south or west of England. Advertiser has had considerable experience as Locum Tenens, Assistant, &c.—Apply, Mr. Wells, Medical Office, Guy's.

WANTED.—An Assistant to work in as a Junior Partner in a large General Practice in the North of England. Practice chiefly amongst working men and small shopkeepers. Salary to an Assistant, £150 a year, with House, Rates, Taxes, Coals and Gas. Married man preferred. Apply C, Medical Office.

WANTED, an UNQUALIFIED ASSISTANT to dispense, etc. Near Hospital, with time for Practice. Must be of quiet habits and a gentleman. Board and Lodging in return for services.—Apply to T, Mr. Wells, The Office, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

OCTOBER 25, 1890.

TO THE DENTAL STUDENTS.

Those who have entered at this Hospital will find themselves placed under very favorable conditions, and in the main will only have to follow the advice addressed in these columns to Medical Students. But in addition to the ordinary work of the first Winter Session, the Dental Student must attend special lectures and devote as much time as possible to dental practice. This makes the first winter a hard one, and the afternoons at this time of the year are very short for practice, but there is comfort in the knowledge that the Summer Session will be a very easy time indeed, and nearly all day, from 9 a.m. till 5 p.m., may then be spent operating in the Dental Department.

Little need be said of the general studies except that the lectures and demonstrations as set forth on the printed cards issued by the office of the Medical School must be attended.

As regards the special work some advice may be offered. Students are recommended to put down their names in the office of the Medical School for dresserships in the extraction rooms. Here they will get practice in the extraction of teeth without anæsthetics, and later on will be eligible for a dresserships in the gas-room, operating under anæsthetics. In the conservation room no one will be allowed to attend a patient unless he has completed his probationary period. Each one is required to exhibit a cohesive contour gold filling in a front tooth, a non-adhesive gold filling in a molar, a collar crown and metal-cap crown. The crowns are to be made of copper. These specimens, when finished, are to be set in a single slab of plaster, from which they must be removable, and the student's name and the date should be marked on the slab, which should be deposited for one week on the Dental House Surgeon's table in the conservation room. At the end of that time the candidate will be allowed to operate in the mouth if his work be accepted as satisfactory. Students are invited to show large contour gold fillings and highly finished crowns, and this work will come easy to those who have conscientiously done their three years' course of dental mechanics. When once the probationary period is over, the dressers are allotted patients, commencing with very simple cases. Once a month an analysis of the practical work done by each student is published in the conservation room. No operation will count unless recorded in the register and initialed by the teacher in charge of the conservation room at the time.

New entries are reminded that the majority of them will only be two years in the Hospital, and in that time they must prepare themselves for private practice. To be successful, avoid giving pain, do your best work as rapidly as you can, cultivate a light touch, and keep your appointments punctually.

THE STAFF OF THE DENTAL SCHOOL.

Dental Surgeon: F. Newland-Pedley, F.R.C.S., L.D.S.E. Senior Assistant Dental Surgeon: W. A. Maggs, L.R.C.P., M.R.C.S., L.D.S.E. Assistant Dental Surgeons: J. Mansbridge, L.R.C.P., M.R.C.S., L.D.S.E.; H. Murray, L.D.S.E.; H. L. Pillin, L.D.S.E.; G. O. Richards, M.R.C.S., L.D.S.E.; R. W. Rouw, L.R.C.P., M.R.C.S., L.D.S.E. Anæsthetists: F. W. Cock, M.D., M.S.; R. W. Lloyd, L.R.C.P., M.R.C.S.; C. E. Sheppard, M.D., B.S.; J. F. W. Silk, M.D. Lecturers: Dental Surgery, Mr. Newland-Pedley; Dental Anatomy and Physiology, Mr. Maggs; Operative Dental Surgery, Mr. Murray; Dental Mechanics, Mr. Richards; Metallurgy, C. E. Groves, F.R.S. Anæsthetics: T. Bird, M.A., Oxon., M.R.C.S. Demonstrator: Dental Microscopy, Mr. Mansbridge; Tutor, Mr. Rouw; Dean, Dr. Perry.

ON MEDICAL WORK IN THE NORTH.

By G. A. Wright.

Read before the Guy's Physical Society at the opening of the Winter Session, 1890-91.

(*Concluded.*)

Having given you this short account of our medical school, I propose to try to give you an idea of how we live. First, then, the distinction between general practitioner and consultant is only becoming really well defined in the present generation. Twenty years ago or less there was no such thing in Manchester as a "pure surgeon," all the Infirmary staff did medical work, and even attended midwifery. Whether for good or evil that is changing now, and I take it that, with few exceptions, the line between consulting surgery and medicine, and general practice is drawn as distinctly, or even more so than in London. I am well aware that the desirability of the existence of a race of consultants who are consultants from the first, is a disputed question, and that some will be found to say that no man is fit to be a consultant who has not gone through the mill of general practice. My reply would be, that though that might be true fifty years ago or less, the modern advances in our knowledge make specialism within certain limits a necessity. No man can now be sufficiently familiar with more than one of the great divisions of our subject, to be justified in posing as a consultant in that subject. I should however be far from admitting the claims of the smaller specialists, *Abdominal Surgeons*, and what not. I have once or twice been much amused by the views of our American friends on these points. Not very long ago an American came to my rooms (what he would call my offices), and said "I believe, sir, you are a specialist on the antrum." It was only when I remembered that I had written a little paper on some forms of nasal obstruction, that it occurred to me upon what grounds the charge was made. I think he thought me quite unfit to take charge of his antrum, when he found that I did have dealings with other parts of the body, for he speedily deserted me. Quite lately a well known American orthopœdic surgeon told me that his practice consisted entirely of the non-operative treatment of deformities, he would apply a brace, or supervise gymnastics, but if tenotomy was required he called in an *operating* orthopœdic specialist.

The general practitioner in the North has, I think, a considerable advantage over the country practitioner in rural districts in the amount of income that he can make, but the work is hard, and the surroundings often terribly depressing to those not brought up in manufacturing districts. There is no doubt that in the North a man requires, and ought to have, more frequent and longer holidays than are necessary in more favoured parts of the country, and I am glad to say many men in general practice see this, and insist on having their annual holiday in spite of the demands of their patients. Those who do so lose nothing, for their patients soon recognise the reasonableness of the doctor's absence, and come back to him on his return, while his services are doubled in value, by his greater capacity for good work after a rest.

To give you an idea of the amount of work done in a general practice in some of the poorer parts of Manchester, I may tell you that a practice was recently mentioned to me in which the principal and one or two assistants paid a hundred visits a day to patients at their own homes. This is, of course, exclusive of patients seen during consulting hours in the surgery. I have, however, been assured by a practitioner of large experience, that a visiting list of 60 patients daily, divided among three partners, is a very exceptionally heavy one.

It is a not uncommon custom for a man on beginning practice to make up his mind to live for five or ten years in a thickly populated poor district of a large town where practice comes easily, and then either migrate to a better part in an adjoining suburb or take a practice in a better class neighbourhood at a distance. This method has great disadvantages to counterbalance the advantages. First, the life and work in a purely poor practice is terribly hard, and I fear not altogether elevating, for it is impossible to do the work thoroughly; and a man is very apt to become slipshod and callous—at least it is very greatly to his credit if he does not. It is, I fear, such work and life as this that has for its outcome the six-penny dispensary, the bogus hospital, and other such blots on our profession. There are men amongst us who are doing admirable work amid such surroundings, but it takes a strong man to save himself from sinking, and I could tell of cases where the doctor and his family practically live in their kitchen, having no accommodation in the house for decent arrangements, because there is no decent house property in the neighbourhood. Such things may of course be done from the highest motives, but they are a mistake, and cannot but lower, not only the dignity of the profession in the eyes of others, but the self respect of the practitioner himself. We have among us men, it is true, who though to outward appearance they carry on practices such as I have mentioned, are the very opposite to the "cheap doctor," men who for years, from real philanthropic motives, have worked at their profession in the slums.

Of the ordinary prosperous general practices, there are plenty in the North, as elsewhere, and they do not, I think, present any special features marking them off from those in other districts. They are usually started either by buying a practice or partnership, or more often in the towns, by taking a house, putting up a doorplate or "flag of distress,"—American "shingle," as it is vulgarly called—and waiting till the work comes. Others of our younger men begin as assistants, just as they do elsewhere. The best class of general practices are of course in the suburbs of the great towns, or in those half country towns which lie around the larger centres; places that in the North are considered small, but would outnumber three or four county capitals in the South put together. Places like Eccles, probably only known by name even to a few in the South, and only then in

connection with Eccles cakes, practically the Banbury cakes of the North. Eccles has, by the way, a population with its district of some 100,000.

As a large number of the wealthier business people of Manchester live a few miles out, at places like Bowdon, Wilmslow, Withington, and so on, very high class practices are met with there; and these probably supply the cream of the work to be done in the North from the point of view of prosperity and absence of disagreeables.

In all classes of practice in Manchester, there is a large proportion of the foreign element. Germans, French, Greeks, Armenians, Turks, Jews of all nations, abound, and though some of them have quarters of their own, the richer are scattered about the suburbs. One curious feature about Manchester practice is that a man may be, and often is, a general practitioner at one place and a consultant at another, and large numbers of the general practitioners have consulting rooms in town as well as their own practices in the suburbs, and curiously there are instances of men doing general practice in a suburb and work as eye or ear specialists in town.

It is very difficult for any one not used to it to gauge the means of some of the Lancashire and Yorkshire people, especially of those living in smaller manufacturing towns or country districts. I have often been surprised to find that people living in a small cheap cottage with surroundings much like those of an agricultural labourer in the South, are well able and willing to pay for a consultation or operation at their own homes, and in saying to the family doctor "surely these people ought to be hospital patients," I have been told of earnings or money laid by to an amount hardly credible to one not used to it. It is now, of course, much more rare than it was a generation ago for a man to rise from the artisan or mill-hand class to wealth, but it is still quite common to find that the change is only one generation old, and the father or grandfather still retains the old quaint Lancashire ways and speech, while the sons and daughters are of the "modern swell" pattern.

One of the burning questions always to the fore in the North is that of Provident Dispensaries. These institutions were started, no doubt, with a good object, intending on the one hand to relieve the Public Charities of part of their burden, and on the other to provide the artisan and small tradesmen class with medical attendance at a cheap rate, while at the same time the doctor was to be sufficiently paid to make it worth his while to do the work, and the patients were not to be burdened with a feeling of obligation. Unfortunately no one of these objects has been attained, and the system has become a gross abuse. This has mainly come about through the over anxiety of the promoters to make the institution a financial success regardless of the question of the real meeting of a want. In the Provident Dispensary scale of earnings in Manchester there is a downward limit, *i.e.*, any one earning above a certain amount, 18s., or whatever it is, is eligible, but there is no upward limit, and a man may be a member of a Provident Dispensary and earn £5 a day. I have known a man come to a surgeon's rooms and pay his fee though he was a member of a Provident Dispensary, simply because he thought nothing of the fee and did not care for his Dispensary doctor. The canvassers of the Provident Dispensary of course save themselves trouble by canvassing among the better class, and an additional inducement that the Provident Dispensary membership entitles the patients to admission to certain hospitals is held out as an attraction, the fact being that a Provident Dispensary member can get admitted to hospital just as easily, but no more so, than any other patient who is suitable for admission.

This brings us to the question of the recommend system, which was in almost universal use at one time, but is now dying out, and it is to be hoped its end will be speedy, for it has nothing to show in its favour. It still exists with us in a nominal form as regards in-patients, but this is only as a concession to those subscribers whose ideas of charity consists in giving three guineas a year to the Infirmary, and expecting instant admission for all their employés, whatever may be the matter with them. Happily a system of free out-patient admissions and a judicious weeding of the applicants for in-patient relief counteracts the evils of the recommend system to a large extent.

The question of hospital abuse is too large a one to enter upon now, and in view of the enquiry that is going on, it is better to wait for more exact information than I can give you. There is undoubted abuse, and the so-called Manchester system, though it has gained a good deal of credit, is far from meeting the whole difficulty.

The problem of infant insurance is another vexed and difficult question; but our experience, especially at the Children's Hospital, leads the staff to strongly support the view, that very grave charges may not unjustly be brought against the system. Apart from the question of actual deliberate murder, what can be said of an insurance club which is held in a public house, and which provides that a certain proportion of the insurance money payable on the death of a child shall be taken out in drink.

The death certificate book at the out-patient room of the Children's Hospital shows some gruesome records of child after child in a family dying opportunely, to put it mildly.

In the Lancashire poor as patients there is much that is interesting. They are rather disheartening in some ways, it is true. For instance, the Lancashire hospital patient constantly entirely declines to admit that he is "better" for treatment, and it is a great concession if, after a previous visit to one's out-patient room, he admits that he is "no worse;" but then one has to remember that in Lancashire "better" means "well," or, as they put it, "quite better." This little difficulty however is soon got over. Another more troublesome to deal with in the time available for out-patient work, is that the Lancashire lady out-patient is firmly pursuaded that it is not the least necessary for her to listen to, far less attempt to carry out, the advice given to her, so long as she relates fully the entire family history of the patient, and when a statement of what took place at Staleybridge

Wakes (*i.e.* Fair) is offered as a comment in the middle of directions as to the management of a rickety child, it is difficult to believe that any minute attention to details is likely to be given.

Lancashire people of course are always credited with the possession of much shrewdness and hard headedness, and no doubt justly so in some ways. My own impression is, however, that they are slower than Southerners, but have a larger bump of self esteem. This comes out sometimes in amusing fashion. There is a true story of the accident room at the Royal Infirmary as to the account given by a woman of the results of a slum brawl. She and a man had brought in another woman with the usual Saturday night "cut head," and when asked how it happened she replied, "Oh, me and this other lady was having a word, and this gentleman (pointing to the man) hit her over the head with a quart pot." On the other hand, no courtesy title is accorded to the doctor, and one is not surprised at being summoned across the room with a nod to be told that, "Ross or Whitehead asked me to come to you."

Please do not think that I tell you these stories in any sneering spirit. I have a great regard and respect for many of my Lancashire Hospital patients, and am glad to believe that the good will is to some extent at least mutual; they only want to be known to be liked.

I have so far tried to be modest in claiming any credit or advantages for our own part of the country, but I do think I may justly say that the Northerners altogether surpass the South in their capacity for maintaining quacks. I have already alluded to the bogus hospital, but that flourishes with you no less than with us. It is the bonesetter and the cancer quack that specially thrive with us; and even now, years after the death of the last real representative of the race, the names of the Whitworth doctor and others are household words among the Lancashire poor, indeed a large practice is still carried on, though now by a qualified man, in the house once occupied by one of these quacks. The Reddish doctor, who is perhaps the worst of all, inasmuch as he is a cancer quack, unfortunately survived the Penistone railway accident in which he was injured, and also a short stay in the Manchester Infirmary, and still flourishes. I have had specimens of his handiwork brought to me, and his method of cheering his patients seemed to me specially striking. A poor woman with a little harmless wart on her tongue, had been provided with a black compound in a bottle with a brilliant red label, and on this label was inscribed in large letters—"The Cancer Lotion." Nor is Manchester singular, for a few months ago I was shown a house in a street in Hull, over the door of which was a sign setting forth that the occupier was a "dresser of sores, ulcers, cancers, &c."

A curious form of irregular practice exists among us, and probably elsewhere, though I did not know of its existence till a few years ago. I refer to practice by surgical instrument makers. Certain of the lower classes of these mechanicians make large incomes by undertaking the entire treatment of deformities, and even are not content with frequent visits at 5s. a time, but if a patient is sent by a doctor to have, for instance, a poroplastic jacket put on, the patient is absorbed altogether, and transferred entirely from doctor to instrument maker. The modesty of these men's charges is also striking. One patient I saw who wished to know whether she would be wise in going to one of these gentlemen who was anxious to cure a congenital double dislocation of the hip, of which her child was the subject. The woman told me that the instrument maker said he could cure it, "Oh, yes. The instrument required in the second quality would be £20, but if she had the best it would be £40." I felt justified in saving her the greater part of that expenditure.

The subject of unqualified or irregular practice in its various forms to which I have just referred, is one that is usually treated in a somewhat jocular spirit: it is, however, to my mind a matter of the gravest importance. To the sick it is surely a question of moment that they shall have the advice of a man with some sound professional knowledge rather than the pretentious humbug of the money-grubbing quack, while in the present day of overcrowded professions it is, I think, still true that "the labourer is worthy of his hire." The lawyers take good care that no irregular practitioner shall thrive among them and diminish their earnings, and, indeed, no profession or occupation for which a prolonged, technical and expensive education is required is so absolutely unprotected as our own. It is the younger members of the profession and those just entering upon a medical career whose interests are most nearly affected by these abuses, and I would suggest to them, as well as to our leaders, that some means beyond those already existing should be provided for our protection. Medical councils, licensing bodies, medico-ethical societies, and medical associations are alike careless or inefficient in dealing with unqualified practice, and it is, it appears to me, high time that some special organisation should be formed for the suppression of all forms of irregular practice, whether it be the prescribing chemist or the ordinary quack of the Sequah type; these with the bonesetter, the cancer-quack, and the medical electrician, as well as the still viler trader upon the fears of ignorant youths, are curses to society whose suppression would be an unmixed good; nor should the unqualified assistant be allowed to survive.

The question has, of course, its difficulties, but they are not, I think, by any means insurmountable, and I venture most earnestly to commend the subject to the consideration of this meeting as one of real importance.

I am well aware, gentleman, that my address this evening has been fragmentary and almost devoid of any claims upon your serious attention. I only hope I have not been guilty of that "repulsive gravity" so distasteful to the founder of the Manchester Medical School. I did not wish to inflict upon you anything in the nature of an introductory address, and I was forbidden by Mr. Dunn to take any technical subject which would have been possibly more congenial to me. If I have suc-

ceeded in interesting you at all in the subject of the Medical work of your Northern brethen, I am more than satisfied. It only remains for me to again thank you most cordially for inviting me here, and for listening to me now that I have come, and I will conclude by heartily wishing all success to Guy's and its Physical Society.

Physical Society.

An Ordinary Meeting was held on Saturday, October 18th, Mr. C. F. Wakefield in the chair. The minutes of the last meeting being read and confirmed, Mr. J. B. Leathes, B.A., read his paper on "Tobacco" before a very full house.

The subject he had selected was the only one he had ever ventured to discuss at the Physical Society, viz., his pipe. The controversy was a very wide one, and if Science were to be the final umpire, then we were still far from a satisfactory decision. The tonic effects of Nicotine on the brain, spinal cord, heart, etc., were incontestable, but it was still a subject of violent controversy whether any appreciable amount of Nicotine really existed in normal tobacco smoke. The Picoline and Pyridine bases were, however, invariably present, and appeared to have a physiological action identical with that of Nicotine only not so powerful. An alarming picture was drawn of the disorders attributable to "smoke," but the rejoinder was that excess in anything was harmful.

Mr. A. E. Durham referred to some recent work on the subject at Cambridge, and thought that Nicotine could be detected in the saliva. He suggested the importance of the portal function of the liver as minimizing the amount actually absorbed. He thought that the production of epithelial cancer was better explained as an inoculation by the mouthpiece to the lip of a virus with which the pipe became infected owing to the careless way in which it was usually treated when not actually in the mouth, rather than as a direct toxic effect of the drug. He instanced the use of tobacco, coca, maté, and plants containing allied bases all over the globe, as satisfying an universal need.

Mr. A. J. Sharp preferred to attribute it to habit and blind imitation. He had never succeeded in extracting from any smoker a concrete reason for his doing so. Probably its regardance as one of the attributes of manhood had something to do with it. His own experience was of a negative character; whilst quite free from all disagreeable symptoms, he had on the other hand never succeeded in attaining to that delicious, euthanasic, Elysian *dolce far niente* which *habitués* made so much of. Neglecting such trifles as being asphyxiated by one's friends and expectorated upon by one's foes, if life were not too short already, he would never rest till he had seen the last of a custom which in its disgusting loathsomeness could only be considered a relic of the bestiality and hoghood of Man.

Mr. C. S. Pantin suggested that the particles of free carbon present in smoke might be a factor in the causation of lung disease.

Mr. J. A. Howard called attention to the noxious properties of CO gas, of which 1·2 per cent. was always present in tobacco smoke.

Mr. V. Pendred thought the virtues of tobacco were due to the pleasurable sense of warmth derived therefrom, and had seen an Irishman smoking a piece of peat with an evident enjoyment it would be difficult to surpass.

Mr. R. G. P. Lansdowne would attribute the practice to fashion and habit, and compared the human race to a flock of sheep.

Mr. R. Henderson thought it was a proud moment in a young man's career when he could put a pipe in his mouth and say, "I myself also am a *man*." Whether one drowned one's troubles in drink or smoke made little difference.

Mr. B. W. Hogarth had no doubt that the weed was noxious at first, but tolerance became established by practice. A man might drink or smoke for years and think he was none the worse for it, but if he met with an accident the impaired vitality of his tissues would be speedily demonstrated. His conclusions were to be wise in time and observe moderation in all things.

Mr. A. W. Sheen had been much indebted to the antiseptic properties of smoke in the Dissecting Room, and felt its absence acutely in the *post mortem* room. He thought much of the pleasure derived was due to the sight of smoke gracefully curling upwards, as no one ever smoked in the dark.

Mr. T. Holmes had found the distraction of keeping one's pipe alight interfered seriously with the intellectual concentration essential for solid reading. He had never required his pipe in the Dissecting Room, as his neighbours had never failed to supply him with a gratuitous sufficiency of smoke in that apartment.

Mr. F. G. Hopkins remarked that it was most difficult to detect Nicotine in the presence of Pyridine bases. He would have expected the distillation occurring in the bowl of a pipe to give rise to different products with different physiological properties from those produced by the simple combustion and aspiration of a cigar. Cigarettes were the most harmful form of tobacco, and gave off a considerable percentage of CO gas. Personally he had had an extreme intolerance on the part of his vomiting centre to contend with, and his indulgence in it had always been that of an amateur. He thought the habit justified by the pleasures of life being so few and far between, especially as it conduced so much to social intercourse.

Mr. L. E. V. Every-Clayton denied that cigarettes were the most noxious form, as he could smoke twenty without any effect, while a single pipe would make him sick.

Mr. W. C. Pitt thought a novice instinctively began with cigarettes. Instead of increasing peristalsis, tobacco often caused constipation.

Mr. C. F. Hogarth instanced Osborne, the champion bicyclist, as refuting the popular error that tobacco is fatal to training. We should have to abandon many habits if we were never to do anything that was not dictated by considerations of health.

Mr. J. F. Steward wished to know whether tobacco really interfered with growth.

Mr. C. E. Carpmael could never smoke without falling asleep. He thought smoking was interdicted in the Salvation Army for pecuniary rather than sanitary reasons.

Mr. Leathes, in reply, attributed shortwindedness to want of Hæmoglobin and not to tobacco. If the possible introduction of germs on a mouthpiece were to prevent us smoking, it was equally unsafe to eat or drink. The percentage of CO gas varied from 6 to 14 per cent., according to the conditions under which the smoke was collected. It was a striking fact how the Plague avoided tobacconists and hard smokers.

A vote of thanks to Mr. Leathes closed the meeting.

Correspondence.

To the Editor of Guy's Hospital Gazette.

"THEN AND NOW."

Dear Sir,—It is interesting to compare the very careful and valuable report on surgery cases by Mr. H. Martyn-Jordan, with similar but less detailed statistics published in the Gazette 17 years ago, and to note the great advance which has taken place within that period. The work in the surgery appears to have multiplied more than three-fold since 1873, for the surgery statistics for two months given in the Gazette for Feb. 15th and March 8th of that year show a total of new cases amounting to 1,500, as against 5,000 during last July and August. The fractures then numbered 62, as against 228 now; the dislocations, 12, as against 25; the foreign bodies, 17, as against 80: the amputations of fingers, 9, as againt 16. So that, although two Assistant House-Surgeons now divide the work between them, they must each do half as much again as their predecessors did seventeen years ago. Curiously enough, another comparison between Then and Now is afforded by the fact that in the same year (1873) the Treasurer erected the first Fives Court, for the use of the students, whilst this year the very complete gymnasium has been presented by Dr. Pavy. Lastly, the eight-page, two-penny Guy's Hospital Gazette of that day has developed into a sixpenny of twenty pages, with occasional illustrations thrown in!—Yours truly,

AN OLD HOUSE-SURGEON.

CLINICAL LECTURES ON SATURDAY AFTERNOONS.

Dear Sir,—In your first issue this session you opportunely pointed out that recreation and excercise were indispensable to the health of the "earnest student," a fact which has been insisted upon by more than one of our lecturers. Saturday afternoon is the only time for exercise available to many men, but it is also the time of clinical medicine; the two things are incompatible. If, then, the authorities could see their way to altering the hour, or even day, of these most important lectures, I would humbly suggest that they would confer a great benefit on those men who are foot-ballers and workers.—Yours, etc.,

THIRD YEAR.

LIST OF BOOKS ADDED TO LIBRARY.

The following works have recently been added to the Library:—

On the recommendation of the Committee.

Bunge's Physiological Chemistry, translated by Dr. Wooldridge.
Stirling's Practical Physiology.
" Practical Histology.
Field's Diseases of the Ear.
Gee's Auscultation, latest edition.
Woodhall's Pathology.
Lunacy Acts Amendment Act, 1889.
Lunacy Act, 1890.
Gray's Anatomy, latest edition.

Presentations.

Report of the Army Medical Department, 1888.
Servill's Dental Surgery, 3rd edition. By the Author.
Dr. Rake's Report on Leprosy and the Leper Asylum at Trinidad. By the Author.
Chinese Medical Reports, 1889.
Buxton's Ophthalmic Hints. By the Publisher.
Humphrey's The Human Skeleton. By the Author.
" *Observations in Myology* "
" Old Age. By the Author.
" The Human Foot and the Human Hand. By the Author.

Mrs. Osborne Walker has also kindly presented to the Library the medical books of her late husband, Dr. L. Osborne Walker (Guy's).

HOUSE APPOINTMENTS FOR NOVEMBER.

Assistant House Surgeons.

G. H. S. Daniell, M.B., B.C., Camb.
F. G. Swayne, M.B., B.C., Camb.

Assistant House Physician.

W. J. Scott, M.B., B.S., Durham.

APPOINTMENT.

Marshall, W. E., M.R.C.S., L.R.C.P., Lond., has been appointed Assistant House Surgeon at the Royal Portsmouth, Portsea, and Gosport Hospital, vice E. Cooper, appointed House Surgeon.

Passim.

The total number of Freshmen who have entered at Guy's during the past year up to October 15th is 156, of whom 101 are full entries, 16 full dental entries, 16 Prel. Sci., and the remainder have joined special classes. This is the largest total of entries in any given year on record in the annals of our Medical School. Already a number of Freshmen have intimated their desire to become subscribers to the Gazette, and we are confident the rest will not be slow to follow their example.

We are very pleased to be able to congratulate Mr. Arthur S. Wohlmann on winning the Gurney-Hoare Prize of £25 for the best reports of three Medical and three Surgical cases, with a commentary on each case. Surely this class of work cannot be so much beyond the average Guy's man that only three competitors should be induced to enter!

The attention of any who may be reading for the M.D., M.S., or B.S. Lond., is drawn to the fact that they must apply to the Registrar for forms of entry at least five weeks before the commencement of the Examination. The last day for returning forms of entry is for the M.D. and M.S. Nov. 3rd, for the B.S. Nov. 11th. Names should be left at the Medical Office at once in order that schedules may be prepared.

Many fearful and wonderful things find their way in the course of events to the Medical Office (such as mouldy sets of bones, etc.), but a new curiosity arrived there the other day in the shape of a real, live turtle from Jamaica. The donor was Dr. Gibb, who intended the trophy for the benefit of the Residents. Our testudinous treasure did not long survive his arrival, and passed into the hands of the Steward of the Club, who, it is needless to say, operated upon him *secundum artem*, producing a by no means despicable addition to the *menu* on Sunday week. It goes without saying that Dr. Gibb's health was drunk by all the residents with the greatest enthusiasm.

Particulars of the subjects set for the four open Entrance Scholarships in Arts and Science next September have just been issued, and can be obtained at the Medical Office, where also copies of papers previously set are to be had on application.

Guy's was well represented at Hampstead on Friday and Saturday last, at a Bazaar in aid of the permanent Church of the Good Shepherd. Messrs. Lumley, Coulson, (Nellie) Richards, Mackeson, and Ralph formed part of a troupe of niggers, who discoursed sweet (?) music, and made the place extremely lively while they were there. Mr. Long, so well known for his artistic and musical abilities, gave a capital musical sketch on Saturday evening, entitled *Our At Home*. It is rumoured that some most touching scenes were witnessed at the departure of these gentlemen, and the band was specially requested to play *The Girl I left behind me*.

We are glad to see that it is proposed to get up a Smoking Concert or Musical Evening in the Students' Club once a month during the Winter Session. The first will come off in the Smoking Room of the Club this evening at 8 p.m. (by permission of the Warden and Club Committee), and we trust all success will attend the venture.

At the meeting of the Physical Society last Saturday there was an attendance of something like 90 men to hear Mr. Leathes' paper on the all-absorbing topic of "Tobacco." We trust there will be an equally good turn-out at the Clinical Evening in the Library next Saturday. Junior men are quite mistaken who think they will find nothing to interest them on this occasion. Smoking, by-the-bye, is not permitted at Clinical Evenings.

Mr. G. Lewin, of 29, King William Street, E.C., whose advertisement will be found on page 7 of this issue, has sent us his Price List for the season. This, we feel sure, will be found most useful by a large number of our readers. Copies can be obtained in the Smoking Room of the Students' Club.

Hospital News.

INTERESTING CASES.

Cornelius	19	Fractured cervical spine.
Lydia	6	Ulnar paralysis.
	22	Tumour of neck.
Martha	6	Ilio-psoas abscess.
Job	5	Periostitis of humerus.
Naaman	16	Chronic epididymitis.
	21	Epithelioma of tongue.
Charity	11	Epiphysitis of humerus ? growth
Stephen	2	Disease of pancreas.
	12	Thoracic aneurysm.
	13	Enlarged spleen.
	21	Hæmaturia ; ? vesical growth.
	40	Acute myelitis.
Philip	2	Cerebral tumour.
	5	Spastic paraplegia.
	9	Enlarged liver and spleen.
	15	Morbus cordis.
	31	Aphasia.
	33	Thoracic aneurysm, laryngeal palsy.
	40	Morbus cordis, ? ulcerative endocarditis
Mary	1	Paraplegia.
	4	Morbus cordis.
	19	Cerebellar tumour.
	35	Tuberculous peritonitis, lardacious disease.

NOTES FROM THE DISPENSARY.

Picrocarmine Solution.—I am told that Picrocarmine Solution, as sold in the shops, is rarely to be depended upon. As the preparation of this solution is not difficult, it appears to me very probable that it is only attention to certain details which is required in order to ensure a reliable product.

The following is the formula :—Make a solution of carmine by rubbing up 1 gram of best carmine, with 10 c.c. of water, and adding 3 c.c. of liquor ammoniæ. Add this solution to 200 c.c. of a cold saturated solution of picric acid. Leave the mixture exposed to the air until it evaporates to one-third of its bulk, and then filter. The evaporation takes about three weeks. It could be done in a shorter time if carried on in a hot chamber. I have tried this rapid method, but the result was not satisfactory. The solution of picric acid must be saturated. A good deal of the carmine separates out during the evaporation. I add a drop or two of liquor ammoniæ to dissolve it again. A small crystal of thymol added to the solution prevents it from becoming mouldy during evaporation.

A New Albumen Test.—Herr A. Jolles (*Zeit : Analyt : Chem : No. 29, 406*) brings forward a new test for albumen. If 8 to 10 c.c. of urine be mixed with an equal volume of concentrated hydrochloric acid, and then two or three drops of a saturated bleaching powder solution, carefully added by means of a pipette, the presence of any albumen is indicated by a white turbidity at the contact surfaces of the two liquids. This test will detect 0·01 gram of albumen in 100 c.c. of urine. The author states that it is not so delicate as the well-known nitric acid test, but he considers that by employment of both tests, and suitable dilution of the urine, a quick and easy estimation for clinical purposes of the percentage of albumen is possible.

Estimation of the Amount of Albumen in Urine.—The amount of albumen can be determined by a titration with a 1 per cent. solution of mercuric chloride ; complete precipitation is indicated by the formation of a vermilion coloration with potassic iodide. Each cubic centimetre of mercuric solution required represents 0·0245 gram of albumen.

Van Abbott's Soya Biscuits and Bread.—We have received from G. Van Abbott & Sons, 6, Duke Street Mansions, Grosvenor Square, W., samples of a perfectly new article of food for the use of diabetic patients. This food is prepared from the Soya Bean—the Soya Hispida (Dolichos Soja). These seeds contain a very high proportion of flesh-forming and fatty material, with a very small amount of starch. Analysis shews the composition to be 36·7 per cent. of proteid matter, 17 per cent. of fat, and only 6·4 per cent. of starch. Van Abbott's Soya Biscuits and Bread are by no means unpalatable, and in this respect are much superior to the ordinary dry and insipid gluten preparations. We are of opinion that this new food will be much appreciated, not only by diabetic patients, but also by invalids who require a strengthening and nourishing food in a small compass.

H. COLLIER.

A Parson's Farewell Address.—Paroissiens, mes frères, notre séparation ne me semble pas pénible, pour trois raisons : 1° vous ne m'aimez pas ; 2° vous ne vous aimez pas entre vous ; 3° le Seigneur ne vous aime pas.

Si vous m'aimiez, vous m'auriez payé mes services de ces deux dernières années ; si vous vous aimiez, j'aurais eu plus de mariages à célébrer, et si Dieu vous aimait, il aurait appelé à lui un plus grand nombre d'entre vous, et j'aurais eu plus d'obsèques à conduire.—*Figaro.*

CLINICAL LECTURE ON ADENOIDS IN THE NASO-PHARYNX.

By Mr. Symonds.

(*Concluded.*)

Later Effect.—Most important of all these is the depreciation in general health. The children from imperfect aeration, become pale, and are often ill developed; especially the chest suffers. They have capricious appetites; are easily tired. A boy, now six years old, was under my care for pulpy disease of the knee joint, and he also had adenoids. I left the latter for a time. The knee went on much as such cases do, for two years, getting better and worse. After the removal of the nasal obstruction, however, he improved more in six months than he had in two-and-a-half years, and now, a year after the establishment of nasal respiration, the joint is practically well. The whole facial expression has changed, and there is great improvement in the general health.

Some of the cases of post-nasal catarrh are due to the presence of adenoids, and only the removal of the growth leads to recovery.

Causes.—Of the 133 cases the age was noted in 107, and of these 90 were under 15; showing that childhood is the period when the disease begins. Indeed, it may be said that the enlargement of the pharyngeal tonsil takes place at the same time as the faucial tonsils. Under five there were 18 cases, while in one the growth was not removed till the patient was over 30. Sex makes no difference, 65 being in females and 58 in males.

Heredity.—This is occasionally a striking fact. In one family I removed adenoids from two boys, another child was slightly deaf from the same cause, while a third was hopelessly deaf. The father of these children suffered from nasal obstruction. Another case of three children all affected, and here the father had nasal obstruction also. The mother of the boy with pulpy knee, whose case I have mentioned, is deaf from neglected adenoids. Again, in the same family, it is no uncommon thing to find one child with adenoids and another with hypertrophied faucial tonsils. One boy, lately brought to me, had a mass of glands in the neck, showing all the signs of Hodgkin's disease. Enlargement of the cervical glands is sometimes due to the swelling of this tonsil, just as it follows inflammatory changes in the faucial.

A history of diphtheria or measles is sometimes given, and to this is attributed the nasal symptoms; but the association is not very frequent. Probably there has existed a certain amount of enlargement before the exanthem, an increase taking place as a result. Certainly it is true that in a very large number there is no faucial enlargement, no hereditary or acquired tendency to lymphatic growths, and otherwise a perfect development. Again, though more common in towns, this enlargement does occur under the most favourable hygienic surroundings of the country. The frequency in towns is partly due to its more frequent detection. There are some who consider attacks of catarrh or "cold in the head" the precursor of enlargement. In this there appears to be little force, the more correct reading being that the already enlarged tonsil determines the "frequent colds." In some children nasal discharge of an irritating kind is a leading symptom, and it is this that has led to the view of cause and effect. But as this discharge disappears on removal of the growth, the more correct interpretation seems to be the converse.

In cleft palate vegetations on the pharynx are often very obvious, and in one instance, where most of the soft palate had sloughed away from tuberculosis, the adenoid growths were prominent. Mackenzie suggests that the development here may be due to the contact of cold air, but I would suggest that this overgrowth is due to the effort of speaking, bringing forward the posterior pharyngeal wall in an attempt to close the aperture into the nose. In one case in which I closed the cleft there was a little separation of the edges in the centre, and consequent shrinking in length when completely healed. This increased the space between the pharynx and the posterior edge of the soft palate, but the gap was partly filled by the pharyngeal tonsil. This formed a small rounded cushion against which the palate rested in phonation, so that all nasal intonation had disappeared in three months. Here, then, we see an instance in which the tonsil is valuable.

Diagnosis.—The symptoms I have detailed, especially mouth-breathing, with night-snoring, the 'dead' voice, the deafness, and later, the facial expression, are quite sufficient to recognise the malady. It is most important to remember that enlargement of the faucial tonsils does not give rise to these symptoms; it is due to the existence of the enlarged pharyngeal tonsil having been overlooked, that brought the operation for removal of the faucial tonsils into disfavour. You know that Meyer, of Copenhagen, first described the disease in 1870. It took a long time to become even moderately known, and I can recall many cases of this disease, when I was a student, which were considered examples of thickened schneiderian membrane, and remained unrelieved. The first case I operated upon was a young friend, suffering from deafness. This is about ten years ago. He had consulted a leading aurist without benefit, but after removal of the adenoids the hearing improved, and from the foot he soon got to the top of his form. In addition to the above symptoms, you must pass your forefinger behind the soft palate into the naso-pharynx, and then you will feel the soft irregular broken masses of lymphoid tissue, instead of a smooth surface. I strongly recommend you to obtain facility in this examination by making it once or twice on the cadaver, for it is not always that you will succeed in the first attempt on a child. After this lecture I will put three children under chloroform, for the purpose of removing the adenoids, and then some of you will have the opportunity of feeling the mass. In the adult you may see them with the rhinoscope, but in all cases the finger is best. Let me recommend you in every case of enlarged tonsils to make this examination before operating, and you will then be spared, not unfrequently, the annoyance of a failure. I have said, I think, that in young children this is almost the only cause of bilateral nasal obstruction. Polypus is rare under 15, though we have had cases at 9 and 7. But then there is only one polypus. The naso-pharyngeal polypus is more rapid in its growth, gives no facial changes, and is easily recognised by a post-nasal examination, being hard and rounded.

Treatment.—The treatment is simple and easy. The plan you will presently see me adopt is that which is most generally applicable. I put all children under chloroform, insert a gag, and then remove the mass by Lowenberg's forceps. After the main mass has been removed, I next employ this curette of Meyer, which is passed in through the nose. This form, suggested by Mr. Golding-Bird, and passed through the mouth, is also a valuable instrument. I have had one made with a much wider knife edge, and find it useful for extensive cases. There are a number of other instruments, as you see by this collection, all suitable under certain circumstances, but for general purposes I recommend Lowenberg's forceps.

Lastly, it is necessary to give a good scrape with the finger nail. If you do not possess any instruments, then your finger nail, if you will grow it for three or four days, will answer very well. It has the great merit that you cannot hurt the Eustachian tubes, and you will find that even without an anæsthetic you can do a great deal. Certainly, if no other means are at command, use your finger nail, and you will do good, for the tissue is easily broken down. Under chloroform you can scrape the entire mass away. I do not like this metal nail, suggested by Dalby, it is apt to be lost, and you may scrape the Eustachian tubes.

After Treatment.—Children who have reached the age of 9 or 10, do not readily give up mouth-breathing, and it is necessary to direct the parents to teach them to keep the mouth shut. The habit of snoring is relieved by tying up the lower jaw at night. Then it is useful, but I do not think necessary, to use an injection of Sod. Bicarb. gr v and Borax gr v to the ʒj two or three times a day. In about six months you will notice a marked difference in expression. The nose widens, the nostrils enlarge, and consequently the eyes look closer together, and the heavy and stupid expression disappears.

Prognosis.—Invariably the patient is the better for the removal of the adenoids. It is urged by some that the patient grows out of the troubles produced by post-nasal obstruction. It is true that after 15 or 16 the symptoms diminish in a few, and that after 30 may give no trouble; but far too frequently, deafness becomes permanent long before this. Moreover, as I explained before, the nose and naso-pharynx do not develop properly, and even if the obstruction be removed, after the patient has fully grown, the relief will only be partial. Therefore, in every case, the obstruction should be removed as early as possible. I have operated several times at three years. Adenoids do not recur, but occasionally we find patients return with nasal obstruction. Of those who have so returned, we found in one a nasal polypus, in another, where no relief was experienced, the mucous membrane over both turbinated bones was so hypertrophied as to obstruct the passages. Removal of the bones effected a complete cure. Another patient, aged 30, had besides adenoids, numerous nasal polypi. Schech says that he has several times seen the two associated.

In a few cases we find the mucous membrane swells on account of its erectile tissue, and leads to temporary obstruction. In two instances I have found this form associated with adenoids. One is now attending. He is about 19 years old. Many large adenoids have been removed, and he was greatly improved. Then unilateral obstruction occurred, and interfered with his work as a shoemaker. Cauterization of the mucous membrane gave for a time complete relief. The other is a boy of 10, whose naso-pharynx was full of growth. He was completely relieved and greatly improved in health by the removal. Ten months later he again began to have nasal obstruction, and the parents feared recurrence had taken place; but on examination neither had this occurred nor was there any nasal polypus; the obstruction was only occasional, was induced by damp, and was accompanied by singing in the right ear. An examination showed that the obstruction was caused by occasional turgidity of the mucous membrane—erection of the cavernous tissue. This boy's father suffered severely from the same affection. Nothing further was done beyond the administration of iron and other tonics, and I hope that this, with a residence at the seaside, where he is to go to school, will improve the general condition, and correct this "habit" of the mucous membrane. It appears to be a neurotic condition purely.

NOTES ON A CASE OF BILHARZIA HÆMATOBIA.

The following brief note on a case of Bilharzia Hæmatobia may be of interest. The patient, a gentleman of forty, has recently returned from South Africa. Six years ago he was for some time compelled to drink water which contained a good deal of sandy sediment, which, he says, could not be entirely separated by filtration. Very soon afterwards hæmaturia set in, and has continued more or less severely ever since. At first there was some slight renal and perinæal pain occasionally, but that has almost ceased to trouble him. The urine resembles port-wine in colour, and usually deposits some coagulated blood, in which the parasites are easily found by microscopic examination. Sometimes micturition is impeded by the impaction of a small clot in the urethra for a time, but this has not given any serious trouble.

The blood sometimes comes before, sometimes after, and sometimes blended with the urine—usually the last. His general health has been good on the whole, but there has been a gradual loss of strength, and during the last six weeks he has lost weight rapidly. At present there is no marked anæmia, and the patient, to a casual observer, would appear to be a healthy man. The mucous membranes are perhaps slightly paler than normal, and the complexion is naturally dark. The patient has consulted several doctors, but the treatment he has received has not affected his disorder in the least. He was sent to Matlock by Dr. Harley, who prescribed (I think) male fern and turpentine, and who intends on his return to try washing out the bladder with solutions of iodide of potassium which has been thought beneficial in some cases.

On examining a little of the blood-clot, deposited in a specimen of the urine, a number of the ova and parasites were found, the appearance of which corresponded with the description given in "Fagge's Medicine." The ova were elliptical, and provided with a short spine at one of the poles, a beak-like process of the enclosing capsule. It will be remembered that in some cases *lateral* spines have been detected, but that Dr. Zancarol believes that they occur only in cases where parasites occupy the veins of the intestines. Dr. Harley, who has given much attention to the study of this disease, is of opinion that in most cases the parasite attacks the bladder only, and that possibly it attains access to that organ by the urethra, while the patient is bathing. In some cases the disease extends from the bladder up the ureters to the kidneys, but in this instance the reverse would appear to have been the case. For the history and the account given of the way the hæmaturia occurs, points plainly to infection of the kidneys through the circulation. And this, I believe, is Dr. Harley's own view of the course of events here. The prognosis in such a case could hardly, one would fancy, be good, but it is not safe to venture a prediction in cases that lie so far out of the range of ordinary experience.

The patient tells me that the disease is practically unknown among the natives and among Europeans born and bred at the Cape, and not common even among those who arrive later in life. As a set-off against this statement, I would recall the observations of Bilharz and Griesinger (in Egypt), who found characteristic lesions in the viscera of 117 out of 363 autopsies. This patient further informed me that the hæmaturia commonly passes off in a short time without serious results, and also that some disease, characterised by "red water," and known by that name is common in cattle at the Cape.

C. J. WHITBY.

THE FIRST AMPUTATION OF THE HIP AT GUY'S.

The following interesting account is taken from *Bell's Weekly Messenger*, dated Sunday, January 25th, 1824.

This formidable operation was recently performed at Guy's Hospital, for the first time, by Sir Astley Cooper, in the presence of some of the surgeons and pupils belonging to these institutions. The number of those present, however, was not so great as on many other occasions, no previous notice of the operation having been given, and this arose in consequence of its having been determined on but a few minutes before its performance. The patient is a man about 40 years of age, whose leg had been amputated some years ago, just above the knee, since which time the thigh bone had become diseased from the extremity of the stump, up to the trochanter major; and this disease had such an effect on him of late, that he has been rapidly sinking under it; the thigh was of the middle size. On being asked to submit to an operation, he readily consented. The patient was brought into the operation theatre, and placed in a recumbent posture on the table; the femoral artery, being tightly compressed at the groin by an assistant (Mr. Key), Sir Astley, standing to the outer side, with the limb in one hand, and the callin in the other, commenced the operation, by making an incision just below Poupart's ligament, a little to the iliac side of the femoral artery; this was continued obliquely downwards and outwards to the back of the thigh, about one-third of the way down, from which point the knife was carried in an opposite direction, obliquely upwards and inwards to meet the first incision, by this means forming an elliptical curve. At this step of the operation, the femoral artery was divided, to which a ligature was immediately applied; the skin and cellular membrane were merely cut through at first, but the knife was again carried in the same direction as before, and thus the muscles were also separated; at this step also, it was necessary to apply another ligature; here the operator changed positions, and sat on a chair in front of the patient, and waited a short time to see whether there were any bleeding vessels; after the lapse of a few minutes the operation was continued, and very shortly completed, the head of the thigh bone being removed from the acetabulum without any difficulty. Two ligatures in addition to those already used were applied, making in the whole four; the integuments were brought together, and a suture applied to the upper portions; strips of adhesive plaster, and lastly a bandage, were put over the stump. There were about 12 ounces of blood lost, but it had the appearance of being venous. The limb was removed in the space of 20 minutes, the securing the arteries and dressing occupied 15 more; the whole was completed in 35 minutes. During the operation the man was extremely faint, but some wine being given him, and fresh air admitted, he recovered. He bore the operation with extraordinary fortitude; and after all was finished, said to Sir Astley, "that it was the hardest day's work he had ever gone through;" to which Sir Astley replied, "that it was almost the hardest he ever had."

Sport.

ASSOCIATION FOOTBALL.

GUY'S v. BANK OF ENGLAND.

Played at Raynes Park on October 11th. The Bank turned up one short, and H. W. Webber who came to "spectate," remained to play goal for the visitors. Mills kicked off for the Bank at 3.20, and Guy's getting together in good style gave their opponents' "keep" plenty of work. Ferez for the visitors was in very good form at back, and it was not until ten minutes from the kick-off that Lawrence passed across the goal mouth to B. Pendred, who placed Guy's a goal on with a "daisy cutter." Five minutes later after some good play on the right wing, B. Pendred again scored off a pass from Francis. The Bank then began to wake up, and A. P. Crawley beat Collier with a good high shot. A good run by the right wing resulted in a doubtful goal from Sharp which was disallowed. After some give and take play in front of Guy's goal, Nicholls put a shot past Collier, making the score two all. Good play by Lawrence and Sharp gave B. Pendred opportunities which he failed to improve upon, and the game ended in a draw. Sharp and Lawrence were the pick of the forwards, and Frith was at his best at back. Collier in goal promises well but wants practice; Packer did not shape as well as in the previous match, he kicks a little wild; Francis was good but was too well looked after by the Bank backs to show at his best; B. Pendred is very good on the whole, but is apt to lose his head in front of goal. Guy's ought to make a good show this year as very few of the old men have fallen out, and the "freshers" are a very promising lot.

Guy's—H. N. Collier (goal); W. S. Frith and A. B. Packer (backs); W. Poole, V. Pendred and C. H. Brereton (half backs); B. Pendred (centre); G. Lawrence and H. C. Sharp (right); W. G. Mumford and C. F. Francis (left). Referee, O. J. Bradley.

GUY'S HOSPITAL v. R. I. E. C.

On Wednesday, October 15th, in fine warm weather we opposed the engineer students at Cooper's Hill. Hibbard started the ball at 4 o'clock, and Guy's at once attacked, Hibbard scoring the first goal from a capital pass by Francis from the left wing, and shortly afterwards Cotterill added a second. The home team who had already several times driven back our defence by fine combination and by the rapid and energetic way in which they always "got on the ball," very different from the dignified advance of our men, scored their first point from a scrimmage in front of goal. A few minutes later their centre half-back, who played a splendid game throughout, sent in a magnificent shot, which notched another point for them. For some time the fates wavered, until just before the interval, from a combined rush, during which two of their men handled the ball, which was unfortunately unseen by the umpire, they obtained a third point. Having changed ends, the game was evenly contested, although the engineers added two more goals (5—2). Three goals to the bad, with 25 minutes to play. Cotterill at this point bestirred himself, and added the three points in twenty minutes, thus bringing the game to an end in a draw. Five goals all.

Guy's—H. N. Collier (goal); W. S. Frith and V. Pendred (backs); A. M. Daniel, W. Poole and C. Hinton (half-backs); C. J. Francis, S. Cotterill, C. E. Hibbard, B. Pendred and G. Lawrence (forwards). Thurston, umpire.

GUY'S 1st XI. v. VAMPIERS.

At Raynes Park, Saturday, October 18th.—Guy's had the best of the game for the first ten minutes, but a rush by the visitors' centre and right resulted in a goal to the Vampires. The combination of the home forward was very poor, and at half time the score was unchanged. On restarting, Sharp's defence was too good for the visitors, who, however, still pressed; in the last fifteen minutes, Hewetson and Sharp broke away, but failed to score. Shortly before the call of time the Vampires rushed a second soft goal, and Guy's retired beaten by two to nothing. Team:

Guy's—H. N. Collier (goal); H. D. Packer, W. Poole (backs); H. C. Sharp, V. Pendred, A. Prebble (halves); B. Pendred (centre); G. Lawrence, H. Hewetson (right wing); W. G. Mumford, R. C. Kirkby (left wing). Referee, H. W. Webber.

The Sad Truth.—Tommy: "I see that the paper prints M.D. after Dr. Swim's name; what does it mean, Pa?" Pa: "Many deaths, I should say; don't bother me."

He knew there was no need.—"Here's the medicine for your wife, O'Leary, and don't forget to tell her to shake the bottle well." "Oh! that'll be all right, sir, never you fear, the women-folk down our court know all about that, sir, don't want no encouraging."

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The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

NOVEMBER 8, 1890.

A CASE OF ACUTE RHEUMATISM WITH SEVERAL COMPLICATIONS.

Notes by H. W. WEBBER.

Thomas H——, æt. 22. Was admitted into Clinical under Dr. Shaw, on September 11th, for pain in joints.

Previous History.—Has never been laid up before, and always been healthy. Has drunk beer and spirits freely.

Present Illness began on September 6th, when he noticed pain in his right ankle, could not account for it, not having been exposed to cold or wet previously. On September 7th the pain continued, on September 8th it was in both ankles. He went on with his work (barman) as usual all day, but had pain. On September 9th the pain had spread to his knees, so that he saw a doctor, who gave medicine and ordered rest in bed. On September 10th pain began to develop in his shoulders; he was hot and feverish and the next day the doctor sent him up here.

On Admission.—Pale looking man of average intelligence. Lips pale. Tongue coated with creamy fur. Appetite lost. Thirst troublesome. Respiratory System, R. 24. Percussion note, breath sounds and T. V. F. good and equal all over front of chest. Back not examined, as it hurts patient to move. Cardiac.—Pulse 108, full and soft. Cardiac dulness not increased. Apex beat in fifth space. Blowing systolic murmur at apex replacing first sound, traceable for two inches upwards and outwards into axilla; second sound not so clear as it should be. In aortic area first sound a little "blowing" in character, and the second sound rather "thick." Abdomen moderately full. Liver and spleen dulness not increased. Joints affected are:—right ankle—painful, not swollen or red. Left ankle, painful and tender, rather swollen, with erythema extending from it on to dorsum of foot. Knees—a little tender, no swelling. Wrists—both swollen, red and tender. Shoulders—painful, not swollen. Skin—moist and perspiring on face and forehead, over chest and abdomen hot but dry: rather "sour" smell: no sudamina. Urine—high coloured, Sp. gr. 10·30, contains albumen. No urethral discharge. Treatment—℞ Salicin gr. xx. Syrup Limonis ʒj. Aq. ʒj. 3 tiis horis. Diet—Milk, Soda water.

Dr. Shaw thought Salicin should first be tried in preference to Sodii Salicyl., as alcoholic patients were more easily affected by the latter.

Progress of Case.—September 13th. Patient going on well. No pain in wrists or ankles. Some pain in left shoulder. Temperature 102. Heart-sounds as on admission. No increased cardiac dullness, which begins above at upper border of fourth rib. No pericardial rub.

14th. Temperature 102·2. At 12 last night a slight pericardial rub was discovered at the base; this morning a loud scratching to and fro pericardial rub can be heard over an area of a circle with its centre at the fourth left costal cartilage, and a radius of two inches. No pleuritic dulness or rub. Salicin omitted. Sodii Salicyl. gr. xx. 3tis horis substituted.

15th. After 10 doses of the Salicylate (gr. 200) patient began to have buzzing noises in the ears and deafness, and to be confused in his mind. The systolic and diastolic pericardial rub is as loud as it was yesterday and as extensively audible. No increased præcordial dulness. An

eruption of sudamina has appeared on chest, neck and arms. Put on Salicin gr. xx. 3 tiis horis again.

16th. Patient still complaining of pain in shoulders and wrists. Temperature 102. Tongue thickly coated. To and fro pericardial rub audible as before, but not so rasping in character. No pleuritic rub.

17th. Temperature at 10 p.m. last night reached 104. Patient was then sponged and temperature came down to 101·8. Ordered Sodii. Salicyl. qr. xx. Sodii Bicarb gr. x. Sys. Lemons ʒj. Aq. ad. ʒj. 4 tis horis. To take lemon juice in soda water and have brandy ʒj. in 24 hours. To-day a slight pleuritic rub can be heard at the right base. The pericardial rub is about the same in extent and loudness. Extensive sudaminous rash.

18th. Patient was delirious all last night and is so this morning. He has had 14 doses of salicylate (gr. 280). No deafness. No vomiting. No epistaxis. Pleuritic rubs can be heard on the right side up to the angle of the scapula and one or two over the left base. The percussion note and breath sounds are also impaired over these areas. No increase in transmission of voice sounds. Given brandy ʒjij, and salicin gr. xx., substituted for salicylate in mixture.

19th. Patient was more comfortable to-day. Was not delirious last night, and slept well without any hypnotic. Dulness extends behind on the right side a trifle higher than yesterday, and percussion note rather more toneless. Breath-sounds much impaired at angle of scapula and quite lost at base. On left side note good and breath-sounds well transmitted, except over extreme base; over seventh, eighth, and ninth ribs one or two pleuritic rubs can be heard. The to-and-fro pericardial rub is almost lost to-day; no increased præcordial dulness, however. Some fluid in right knee-joint, which is a little tender and red, and held more stiffly than the left. T. 102. Systolic and diastolic murmur at apex, and systolic and impaired diastolic sound at base.

20th. No delirium. Patient slept well last night. Temperature has not reached 102 for the last twenty hours. The back shows dulness, absence of breath-sounds and T.V.F., and diminished voice-sounds up to upper border of eighth rib on each side. No pericardial rub. No increased præcordial dulness.

21st. Patient perspiring profusely; typical sour smell. T. 101·4. Pulse steady and of good volume. Some fluid in knee-joints. To-and-fro murmur at apex and base.

23rd. Temperature rose at 10 a.m. to 103, and before this hour there were three loose motions. At 11.45 a.m. temperature was 104.4. Patient was sponged immediately, and temperature came down to 103. At 2 p.m. temperature was 103, which was reduced by sponging to 101·8. At 6 p.m. temperature was 104.8, reduced by sponging to 103·4. The temperature was now taken every hour. At 12 p.m. it was 104, sponged came down to 99.

24th. At 8 a.m. the temperature suddenly rose from 98 to 104.8. Patient was immediately put in a bath at temperature 95, which was cooled with lumps of ice to 70. He remained in it twenty minutes, and was then dried and put back to bed, lightly covered with a blanket. Temperature came down to 100. At 2 p.m. temperature 104·4; sponging brought it to 102·4. At 5 p.m. temperature 104·4; sponging brought to 103. Patient put on brandy ʒvj, and antifebrin gr. iij 4tis horis.

25th. Temperature at 5 a.m. 104, reduced by sponging to 103. Diarrhœa stopped by Mist. Cretæ Co. Pulse fairly good. At 1 p.m. temperature 105. Patient put in a bath as before, which reduced temperature to 100. Patient had to be sponged four times again during the day.

26th. Temperature 11.30 a.m. 104·6. On auscultating the back to-day a patch of pneumonic consolidation was found at the angle of the left scapula, extending over an area about one and a half inches in diameter. Crepitating râles bronchial breathing and bronchophony were heard, the note was not dull, however. Pulse 128, Respiration 36. A little blood-stained (not rusty) sputum. On the right side some large râles and bronchial breathing can be heard over the middle and lower part of the lung.

27th. At the apex of the left lung in front some râles are heard to-day, no dulness; the area of consolidation behind has spread about two inches in both upward and downward directions. Still fine crepitations audible. Temperature now has not been above 102 for eighteen hours. Respiration 40 per minute. Patient has now some appetite. No joint pains. Heart-sounds unaltered. Given arrowroot. Antifebrin omitted.

28th. Temperature 102·8. Pulse 140, much weaker and softer. Brandy ʒx. The pneumonic area this morning extends forwards to the post. Axillary fold on the left side. Respiration 65 per minute.

29th. Patient very weak. Respiration 70 per minute. Pulse 140, feeble. Temperature 102. Given ʒss. brandy every two hours. Takes food by the mouth pretty well. Patient's breathing got much weaker and shallower during the day. Tongue dry and brown. Sordes on lips. Pulse more rapid and feeble. Patient sank gradually, and died at 10 p.m

Abstract of Autopsy.—Recent double pleurisy. No effusion. Red hepatisation lower part of middle and upper part of lower lobe right lung. Red hepatisation apex and upper part of lower lobe left lung. Left lung weighed 29 ounces; right lung weighed 28 ounces. Pericarditis all over surface of heart. Fine vegetations mitral and aortic valves, the latter thickened.

TOBACCO.

A paper read before the Physical Society on October the 18th, by J. B. LEATHES, B.A.

The Tobacco Controversy was started with the introdution of tobacco into Europe more than 300 years ago. From the first the partisans of either side have spared neither pains nor paper in the cause. A collection of over 500 volumes upon this one subject was made by a gentleman who published at Birmingham, in 1880, a catalogue of his tobacco library. The vast majority of these books have no scientific interest whatever. What interest they have is purely as literary and historical curiosities. One or two points in the history of the controversy, however, illustrated from them, will not be out of place here. In the first place, their titles alone show that throughout the three centuries there has been the same combination of savage fanaticism with strange humour, which gives the whole dispute a mock-heroic air. To take a few instances: "Death in the pipe," and "Work for chimney sweepers" were produced in the 17th century. The 18th century contributes "How do you do after your oysters,' to which is added 'Better than you after your tobbcco." And the present century shows no falling off with "Smoking to the Glory of God."

A second characteristic, which is noticeable, is that a man's idiosyncrasy has always been quite sufficient to convince him beyond the reach of any argument or persuasion, upon the sanity, as well as the chances of salvation, of those opposed to him in this dispute.

"A gentleman called King James,
In braided doublet and great trunk breeches,
Who held in abhorrence tobacco and witches,"

to quote the Ingoldsby Legends, set a notable example which has been adhered to. His "Counterblast to tobacco," which appeared in the first years of the 17th century, contains many fiery passages. "Tobacco," he says, "is like Hell in the very substance of it, for it is a stinking loathsome thing, and so is Hell." And again, "a custom loathsome to the eye, harmful to the brain, dangerous to the lungs, and in the black, stinking fume thereof, nearest resembling the horrible Stygian smoke of the pit that is bottomless.

The same king, who, be it observed, like most of the enemies of tobacco, had never smoked, raised the duty from 2d. on the lb. to 6s. The opposition of other crowned heads was still more drastic. The Emperor of Russia cut off the nose of anyone found smoking within his dominions. The Sultan of Turkey pierced the offending organ, through the hole drove the stem of the offender's pipe, and then sent him riding on an ass, seated hindside before, to be pelted and hooted from street to street throughout the city. The Pope contented himself with excommunications; while, in Switzerland, special courts were instituted for the trial of smokers; and that of the Canton of Berne existed till 50 years ago. It is interesting to observe here that, nowadays, Russia

and Turkey vie with each other in the production of cigarettes, and that Switzerland produces better cigars than any other European country.

But while these facts bear witness to the growing power of tobacco for making friends, the numerous anti-tobacco leagues in existence show that it has not lost its cunning in making foes. The tobacco controversy is not dead; far from it; every man is registered at birth upon one side or the other, and receives at the same time a permit to say whatever he pleases upon the subject so long as it suits his predilections. A man, for instance, makes a list of well-known characters who abjured smoking, and finds it includes Goethe, Heine, V. Hugo, Balzac, Dumas father and son, Zola (since about 1880), Mr. Gladstone, and Lord Salisbury; and another list of confirmed smokers including Byron, Carlyle, Alfred de Musset, George Sand, Kingsley, and Calverley. This is his minor premiss; his major premiss is that he himself had abjured smoking; his conclusion is that all those who had not so done were unhealthy minded. Heine, if you please, and Zola, not to mention one of the politicians included, among the healthy in contradistinction to Carlyle and Kingsley and the rest! But still such logic is irresistible in the eyes of the anti-tobacco league.

In this age of arbitration, however, when our armies are multiplied tenfold merely for show, when capital and labour merely play at cutting each others throats, and when all disputes are settled by amicable arbitration, we must expect a similar settlement of the tobacco controversy, with science as the umpire. As there are few present who will not be, if they have not already been, called upon to prophecy in the name of science, "shall we smoke or shall we forbear," and none who would wish to incur the fate of false prophets, it is of some importance to know what has been ascertained by the methods of science, and to discriminate among the many things said upon this subject those that are founded, however remotely, upon scientific fact, from those that have no foundation but upon the breath with which they are uttered. The investigations which have been made in this direction include a great variety of experiments which may be grouped under two heads:

(1.) The Physiological Action of Nicotine.
(2.) The Analysis of Tobacco Smoke.

The physiological action of nicotine has been worked at by many investigators, including Claude Bernard Kölliker, Grünhagen, and von Anrep. It is found to affect primarily the nervous system and heart, and in a less degree involuntary muscles, blood-pressure, and respiration.

Suppose a frog has had a dose of one-tenth of a drop injected into him, the obvious effect that follows almost immediately is violent clonic convulsions. These are found to be due at first to increased reflex activity of the spinal cord; but this is quite brief, and the later convulsions are due to excitement of the motor areas of the brain. After some minutes the convulsions cease, because the motor functions of the brain are paralysed. The muscles are now seen to be in a state of fine tremor, the separate fibres contracting independently, and not simultaneously, as they would do if the impulse to contract came from the centres. This is because the motor end organs are excited by the poison, although the centres are already paralysed. Later still the end organs are paralysed, and stimulation of the nerves produce no contraction, although the muscle still responds to direct stimulus. Nicotine is therefore a profound nerve poison; it excites and then paralyses in succession the spinal cord, the brain, and the end organs.

Supposing, now, the heart of the frog had been exposed by cutting a window in his chest, if the number of his heart beats be noted down, it will be observed that in the first minute his heart is slowed: it is then considerably quickened, but after some minutes it becomes not only much slower but much weaker. If another frog be first poisoned with atropin, or kurari, and then with nicotine, so that when the nicotine is injected his heart is entirely uninfluenced by the vagus, all such effects as in the first frog were due to the action of the nicotine on the vagus will be eliminated. Now, immediately following the injection of nicotine in this case there will be no slowing of the heart beat followed by subsequent quickening, but on the other hand the third phase of the symptoms, the combined slowing and weakening of the heart beat, will be as conspicuous as before. This, therefore, is as clearly not due to action on the vagus but on the motor ganglion of the heart, as the two earlier phases are due to action on the vagus. Its effect on the heart is therefore first to stimulate the vagus and slow the heart, then to paralyse the vagus and quicken it, finally to weaken the motor ganglion and diminish at once the force and frequency of the heart beat.

These in the frog are the two most important effects of the poison. It also affects his respiratory movements, at first quickening and then slowing them. In warm-blooded animals the effect on respiration is much more marked, and becomes one of the most prominent, if not the most prominent symptom. A rabbit will breathe at first more quickly after the injection, and then more slowly and with very laboured movements, and finally, if it succumbs, will do so primarily through respiration stopping. Then again, as Bernard observed, if the web of the poisoned frog's foot be held under the microscope, the arterioles first become blanched by the contraction of their muscular walls, and later dilated and filled with blood. In other animals this primary rise followed by a fall of blood pressure has been observed by other methods. And the action has been identified as an action on the vasomotor centre: for after cutting the spinal cord below the medulla the poison has not this effect. But at the same time it has been found that if some of the alkaloid be introduced into a small vessel of the intestine similar results are obtained, so that it also acts locally on the vessels independently of the centre.

Lastly, the poison acts on all involuntary muscles. The small intestine especially contracts violently, and does so even if the vagus, which conducts the impulse to contract from the centres to the small intestine, be cut.

Here, therefore, the poison acts on the ganglia in the wall of the gut. And this is confirmed by the contractions demonstrated by the introduction of the poison into a small vessel of the intestine, which are then confined to that part of the intestine which depends for its nutrition on the vessel injected. The contractions are followed either by a period of repose from exhaustion, or by normal peristalsis. The uterus is similarly affected.

Nicotine, therefore, is a poison that acts in a great variety of ways, first of all exciting and then paralysing almost all the nervous functions of the body.

Powerful as it is, a remarkable degree of tolerance can be established by careful dosing. If a frog be injected with more than one-tenth of a drop at first he nearly always succumbs—less than that he usually recovers from. But if the first dose be small and the subsequent doses gradually increased, it has been found that he can recover from so large a dose as two drops. If, on the other hand, he be given as large a dose as he can survive at the first injection, and then, after recovery and some hours' rest, he be given another dose as large as the first, certain differences in the symptoms following the second dose have been observed.

In the first place, there are no convulsions: the muscles it is true exhibit the fine tremor of the third phase of the action of the first dose on the nervous system, but this is preceded by no convulsions, the motor centres being paralysed at once. In the second place, the action on the motor ganglion of the heart is much more marked. The motor ganglion of the heart has lost power of resisting the poison, although the animal has to all outward appearances completely recovered from the first dose. The effects due to weakening of the motor ganglion come on so soon as to obscure the earlier effects of paralysis of the vagus, and the consequent quickening of the beat is barely perceptible.

The absence of convulsions from the effects of the second dose may be accounted for in a similar way. The motor centres have become much more sensitive to the poison, although otherwise normal, and are at once paralysed without any previous period of excitation.

These after effects of a maximal first dose and some which are similar in the case of warm-blooded animals stand alone. If the first dose be less than a maximal dose they are not seen, and the dose can afterwards be increased much beyond the amount which is the utmost that can be given as a first dose.

Before we can expect to be able to trace these actions of the poison nicotine in the effects of smoking, we must be certified that tobacco smoke is rich in nicotine. And it is here that we receive a check.

(To be continued.)

EXPENSIVE SNACKS.—"I've called to ask you, doctor, what it was you told mother she ought to take between meal times. We couldn't any of us make out what the things were; she says one of them was 'Soverin' and the other she thought was 'Channel Fleet,' but we thought that there must be some mistake, so I've come round to ask."

SMOKING CONCERT IN THE COLLEGE.

At the beginning of the Session it was proposed to hold Smoking Concerts once a month throughout the winter. The first of these, which was rather of the nature of an experiment, was brought to a most successful conclusion on the night of the 25th of last month. Many of our old friends were unavoidably absent, and, though they were greatly missed, their absence had the effect of forcing into public much hitherto undiscovered talent. Mr. Lulham's musical sketches, delivered in exquisite Parisian accent, were keenly appreciated, and came quite as a surprise to all, except a few who were "in the knowing." Mr. Coulson's tenor voice has now become quite a recognized institution at all Hospital Concerts. On Saturday he had the advantage of a violin obligato from Mr. Baldock, and his beautiful Venetian Song fairly captivated the house. The proceedings began with a glee,—"Who will o'er the Downs," and wound up with "Auld Lang Syne," sung "hands all round" in true Guy's fashion. The success of the scheme was even greater than its promoters had ventured to expect, and the date of the next concert has therefore been fixed for November 23rd, beginning at 8 p.m.

EXTENSION OF THE LONDON DENTAL SCHOOL EXAMINATION.

During the present week the L. D. S. examination has been going on, and the practical part, held at the Dental Hospital of London, has been very thoroughly carried out, occupying two afternoons from 1.30 till about 7 p.m. Contour cohesive gold fillings were the order of the day, each filling requiring three hours close work, and in some cases more. The cavities chosen were pretty large interstitial cavities in front teeth with little or no spacing, and the work done was distinctly good. At about half-past four o'clock the candidates were sent down into the laboratory, and were required to do bench work for about one hour-and-a-half. This included repairing vulcanite and gold dentures, adding a tube tooth or flat tooth to an old case, making zinc casts and lead dies, &c., &c. The tests were very fair and practical, but elicited more surprise than approbation from several candidates. The laboratory was well furnished with all that was necessary, and it was more than hinted that a further development of this part of the examination might be confidently expected. On leaving the laboratory, the candidates were examined on a series of regulation cases, the patients mouths exhibiting dental irregularities that offered wide scope for individual opinion. The viva-voce was held at Examination Hall, commencing at about five o'clock on Wednesday.

The present batch of men seemed well read and well coached, and the standard had made evident improvement.

OUR ILLUSTRATIONS.

We are indebted to Mr. Symonds for the accompanying prints which illustrate his very interesting lecture on "Adenoids in the Naso-pharynx," published in the last two numbers of the GAZETTE. The photographs were taken by Mr. Russell.

FIG. 1 represents the little girl referred to as shown at the lecture. She obtained immediate benefit from the operation.

FIG. 2 represents a lad aged about 13, who shows the open mouth and narrow nose. He was very deaf, and his speech was characteristically "dead." Six months after the operation his facial expression has lost all its heavy appearance, and his hearing has improved to a great extent.

FIG. 3 represents a patient, aged 19, who was also deaf. Though the adenoids were freely removed, he did not obtain free nasal respiration. This was owing to the permanent narrowing of the nasal cavity. Subsequent removal of parts of the inferior turbinated bones, improved the respiration.

Physical Society.

A Clinical Evening was held on Saturday, November 1st, in the Library, Mr. A. Ellis Durham in the chair: Present—47 Members and several visitors. The following cases were shewn and discussed:—

1. *Exophthalmic Goitre*, by Mr. Donelly.—The points of interest were the cardiac irritability and the exophthalmos, but there was no enlargement of the thyroid, and Graefe's and Stellwag's symptoms were absent.

2. *Peripheral Neuritis*, by Mr. Daldy.—A stable-boy, who indignantly denied any alcoholic excess. There was decided weakness of the extremities, especially of the legs, and sensation was dulled. Considerable improvement had taken place during his stay in the hospital.

3. *Abdominal Tumour*, by Mr. M. Turner.—A very obscure apparently solid swelling of enormous dimensions, situated high up in the abdominal cavity towards the left side. The heart was displaced upwards. Aspiration before admission to the hospital was stated to have given negative results. There were no urinary symptoms. Various suggestions as to diagnosis were made, including hydatid cyst, splenic tumour, pancreatic cyst, and growth connected with the suprarenal body.

4. *Aphasia*, by Mr. T. R. Taylor.—A well marked example of the motor variety. The patient could hear and see well, and appeared to thoroughly understand what was said to him, but was unable to pronounce the necessary words in reply. There was old right hemiplegia. The physiology of this condition was discussed at some length by Mr. Taylor.

5. *Chronic Gout*, by Mr. H. E. Durham.—An unusually severe case, in which the hands and feet were much deformed by gouty deposits, and the bursæ about the knees were enlarged. The patient, a young man, had been a painter, and a moderate drinker. As the uratic deposits on the hands had led to ulceration of the skin, the advisability of scraping them away was discussed.

6. *Tumour of the Neck*, by Mr. Sharpe.—A large swelling beneath the sterno-mastoid in the left side of the neck, probably originating in the cervical glands. It had only been noticed a few weeks before admission, hence the enlargement had been rapid.

7. *Epithelioma of the Tongue*, by Mr. Sharpe. It was situated far back on the dorsum of the tongue, and caused much difficulty in speech The patient came up to the hospital complaining of sore throat, and the condition of the tongue was at first overlooked.

A number of interesting pathological specimens had been prepared for exhibition, but owing to the lateness of the hour they were reserved for a subsequent meeting.

A CASE OF WEBBED TOES.

On October 18th I attended Mrs. T. with her first child (a boy), which was found to have the second and third toes in each foot webbed up to the last interphalangeal joint; the web on the left foot being the more pronounced. On enquiry, I was at first much puzzled to account for this, for all I could find out was that the patient was a second wife, with no abnormality as to her toes, but that the first wife had had webbed toes, and that her elder child (a boy) had the same peculiarity, while the husband was quite exempt from this, and could answer for all his relations as far back as his grandparents on both sides. I asked for further enquiries to be made, with the result that at my last visit I was told that an only sister of my patient, who was "*not all there*," in addition to these negative properties, had webbed toes. There the apparent puzzle was quite cleared up, for singular as it seems, the husband had married twice, his first wife actually possessing the abnormality, while the second wife had the peculiarity in her family. This coincidence must be an extremely rare one, and at first sight, without the second history, seemed as remarkable as the ear and quagga stories.

FRANK COLCLOUGH.

APPOINTMENTS.

KNAGGS, R. L., M.C. Camb., F.R.C.S., has been appointed Honorary Ophthalmic Surgeon to the Leeds Public Dispensary, vice Hartley, resigned.

EDWARDS, HARFORD N., M.R.C.S., L.R.C.P., has been appointed House Physician to the East London Hospital, Shadwell, vice Mr. Ludford Cooper.

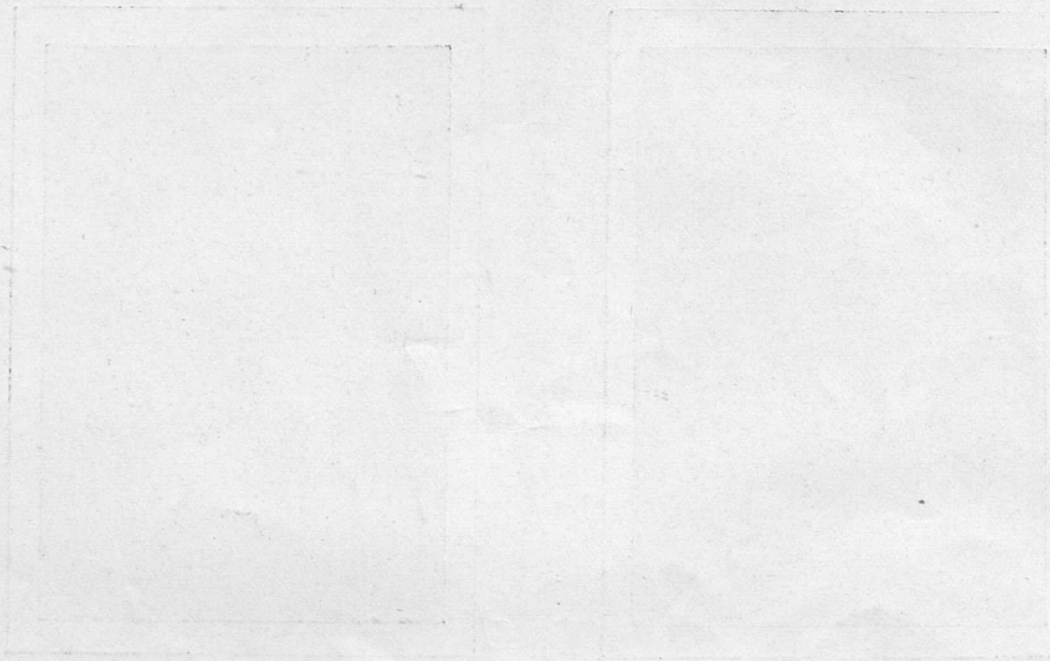
RYGATE, C. D. H., L.R.C.P. Lond., M.R.C.S., has been appointed Government Medical Officer and Vaccinator for the district of Warren, New South Wales.

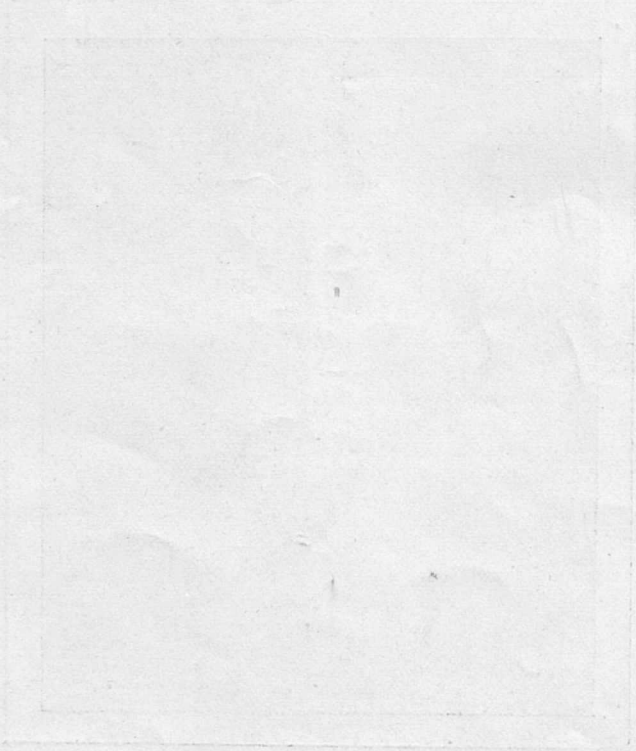
THEED, S.V., L.R.C.P. Edin., M.R.C.S., has been appointed Medical Officer for the Shire of Mornington (East Riding), Victoria, vice Rohner.

FIG. 1.

FIG. 2.

FIG. 3.





Passim.

THE next meeting of the Physical Society takes place on Saturday, November 15th, at 7.30 p.m. in the Chemical Theatre. Mr. T. Holmes will read a paper on *Spinal Caries*, of which the following is a brief abstract:—

Spinal Caries: points chiefly relating to Symptoms, Diagnosis, and Treatment. (*a*) Symptoms in early cases. (*b*) Symptoms in later cases: two typical cases of the latter forms (1) in the upper cervical region; (2) in the upper dorsal region. Analysis of five years "Medical" and five years "Surgical" cases. Treatment—(1) Rest, Drugs, &c. (2) Operative Interference, especially as regards the treatment of pressure-symptoms by "trephining" the spine. Results—in eight cases.

THE clinical evening at the Physical Society last week was a great success. It was held in the Library for the first time, and thus more space for seeing and examining the patients was afforded. The interest shown in the cases, and the discussions were worthy of the best traditions of the Society, and would have compared favourably with the proceedings of any similar institution in London.

BY a clerical error in the last number of the GAZETTE, Mr. Lang's name was spelt with an *o*. We apologise to Mr. Long, M.B., C.M. for supposing him guilty of such frivolity, and we hereby declare that it was Mr. Jackson Lang, so well known in the wards and out of them for his musical abilities, for whom the band was requested to play "The girl I left behind me."

THE Berlin correspondent of the *Times* reported last week that he had interviewed Dr. Koch, who is said to have discovered a cure for consumption. He has prepared a lymph which, when introduced into the blood by inoculation, kills the bacillus, and further acts as a means of restoring the patient's health by its inherent healing powers, and fortifies him against further invasions of the bacillus. At present Dr. Koch is only inoculating persons who are already stricken with consumption, and we may therefore infer that his system is not preventive like vaccination. The late Dr. Wooldridge was very enthusiastic in his belief that sooner or later Phthisis would be cured by an inoculation treatment.

MR. DURHAM in his clinical lecture last Wednesday told a tale about a man who had a No. 32 catheter passed. To prevent any doubts as to the veracity of the statement, we may explain that the catheter was of French extraction, and that the size in question would equal a No. 12 English make.

DR. PYE-SMITH in lecturing on vaccination last week gave rather an interesting point in its history, and one which does not appear in many books on medicine; that the first inoculation against small-pox was practised by the Chinese, who dried and ground up the scabs off the pustules, and then made every child take a pinch of this peculiar snuff. It was found that, although they all suffered from small-pox, the attack was as a rule a mild one, and curiously enough the incubation period was only eight days instead of thirteen.

THE special attention of the first and second year's Students is called to the lamentable fact that only six men represent Guy's in the G (medical) company of the Artists. True, those six are worthy representatives, but there surely must be several junior men who have the time to give to the little work required; and they will be fully recompensed by the increase in breadth and the martial bearing they will acquire. Mr. Lumley will be most happy to supply all necessary information to intending recruits.

WE have received a letter from an old Guy's man on the subject of the admission of infectious cases like diphtheria into the general wards of a hospital. For some time past this has not been

so at Guy's. No cases of diphtheria are now admitted, except such as are in immediate need of surgical relief by tracheotomy.

SCHEDULES for the Cambridge Second and Third M.B , must be sent in for signature by the 15th and 24th inst. respectively.

THE per centages of all passes at the College examinations last year (July 1889 to July 1890) were :—

First Fellowship	34	per cent.
Final Fellowship	54	"
Third Conjoint, (medicine)	70	"
" " (surgery)	61	"
" " (midwifery)	71	"

AN old Guy's man, an examiner at the College, was once stopped on his way to the Hall by a medical man, who in reference to the examinations implored him to have mercy. "Have you a son up this time?" "No, no, Sir! You mistake my meaning altogether. For pity's sake plough as many as you can, Sir. Think of all of us general practitioners with hardly enough to keep us in shoe leather."

Hospital News.

INTERESTING CASES.

PHILIP	2	Removal of cerebral tumour.
	5	Spastic paraplegia.
	6	Abdominal tumour.
	13	Tuberculous laryngitis.
	31	Aphasia.
	33	Thoracic aneurysm, laryngeal palsy.
	35	Acute rheumatism, hyperpyrexia, pericarditis.
	40	Aortic disease, ulcerative endocarditis.
STEPHEN	7	Left hemiplegia, phthisis.
	19	Purpura.
	21	Tuberculous peritonitis.
	30	Gout.
	40	Myelitis.
MARY	4	Mitral and tricuspid disease.
	10	Exophthalmic goitre.
	25	Erythema nodosum.
	26	Pyæmia.
	31	Cerebral syphilis, optic atrophy.
	Cot 56	Infantile paralysis.

PASS LIST.

CONJOINT BOARD—FIRST EXAMINATION.

PART I.

CHEMISTRY AND PHYSICS.

Bensted, L.
Cock, H. E.
Cowan, F.
Fothergill, E. R.
Henson, W. W.
Higgins, C. P.
Kearney, C. J.
Moore, H. St. B.
Poole, C. C.
Price, A. A.
Van Someren, E. H

PART II.

MATERIA MEDICA AND PHARMACY.

Beach, H. W.
Bearblock, P. E.
Manning, G. E.
Manning, T. D.
Pain, W. E.
Peatson, J. C. S.
Stuart, W. L.

PART III.

ELEMENTARY ANATOMY AND PHYSIOLOGY.

Fagge, R. H.
Grummitt, W.
Hibbard, C. E.
†Turner, A. S.

†Passed in Physiology only.

SECOND EXAMINATION.

ANATOMY AND PHYSIOLOGY.

A. V. Chapman.

ANATOMY ONLY.

Hearnden, H.
Infield, S.
Ingram, R. E. T.
Martin, D. A. W.
Skinner, G. A.

PHYSIOLOGY ONLY.

Bettington, J. H.
Budge, E. J. H.
Eastment, J. W.
Hunt, E.
Manning, T. D.
Worts, S. E.

ROYAL COLLEGE OF PHYSICIANS.

MATERIA MEDICA.

G. Todd.

FINAL M.R.C.P.

J. A. Masters.

NOTICE.

GUY'S HOSPITAL STUDENTS' BIBLE CLASS.

The Annual Meeting of the above Class was held on October 16th, when Dr. Pye-Smith took the chair and gave a most interesting and practical address to those present. The Meeting was well attended, and there was evidence of the interest new men are taking in the Class this session. It is hoped that men will not forget that meetings are held *every Thursday afternoon*, and that notices of the subjects for discussion, are put up in the Colonnade. Next Thursday (November 13th), an address will be given by The Rev. Lloyd Engström, M.A., (Secretary of the Christian Evidence Society). Subject, "Religion and Science."

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

AN ENQUIRING CORRESPONDENCE.

DEAR SIR.—There are numberless rumours afloat concerning certain changes to be made in the time honoured Christmas festivities at this Hospital. It cannot of course be true that such a thing as the abolition of the good old nigger troupe and of the music and concerts in the wards is contemplated under the pretext that the noise is injurious to the patients. Surely this is not only a poor compliment to the musical abilities of the students and their friends but also a very poor excuse; for any ward having in it cases of a critical nature is put into quarantine as far as music is concerned. The persons who ever they be who are suggesting these statements ought I think to be officially contradicted and I have therefore written at once to ask you kindly to satisfy everyone on this point and to refute these charges against those in authority, charges of which I am quite sure they are innocent, for none like more than they do to see the patients happy and amused and dragged out of that state of morbid curiosity concerning their own and other patients' ailments into which they are so prone to fall.—Yours truly.

"AN OLD DARKIE."

DEAR SIR.—Fracture of the humerus caused by throwing a cricket ball is, I venture to think, of sufficient rarity to entitle the occurrence of such a case being placed on record. So I send you the bare details of a case which occurred under my observation the other day. E. H. aged about 30, policeman, tall, spare, and anæmic was contesting at a match of throwing the cricket ball at the Police Sports, when he felt his arm snap, and others standing by heard it. On my making an examination I found the humerus fractured transversely just above the condyles.—Yours &c.

E. CLIMSON GREENWOOD.

EXAMINATION PAPERS.

M.B. LONDON PASS EXAMINATION.

Medicine.—1. Describe the symptoms of Rubeola (Rötheln), and indicate the points of distinction between it, Morbilli, and Scarlatina. 2. Describe the physical signs of (*a*) a good-sized Cavity in the Apex of the Lung; (*b*) Double Mitral Disease; (*c*) Hydatid Tumour of the Liver. 3. Describe the causation, symptoms, physical signs, and treatment of Chronic Peritonitis. 4. What effects and symptoms are produced by the presence of Bile in the Blood? How would you endeavour to relieve them? 5. Describe the causes, morbid anatomy, symptoms, and treatment of acute Tonsillitis. 6. Describe the chief varieties and treatment of Pemphigus.

Surgery.—1. Give the causes, symptoms and treatment of Meningeal Hæmorrhage of traumatic origin. 2. Describe the causes, symptoms and treatment of Ruptured Bladder in the male. 3. Describe a case of Femoral Hernia under the conditions known as (*a*) incarcerated, and (*b*) strangulated. What methods of treatment would you adopt in each case.

General Pathology, General Therapeutics, and Hygiene.—1. What are the chief causes of obstruction of ducts and orifices? Indicate generally the effects which may follow such obstruction. 2. What are the principal uses of purgatives? Indicate those which you would employ for the several purposes you mention. 3. What preventive measures would you adopt in the case of an epidemic of diphtheria? 4. What are the principal causes and effects of localised anæmia? 5. What agents would you employ to check excessive perspiration, both general and local? 6. Describe the morbid conditions of the urine which are caused by animal parasites. Give, briefly, in each case the life-history of the parasite, as far as it is known.

Forensic Medicine.—1. What are the chief modes by which death takes place, and what post-mortem appearances enable you to say which of these modes has been operative in any particular case? 2. What are the symptoms of acute arsenical poisoning, and how may the diagnosis be confirmed by an investigation during life? What post-mortem appearances would you expect to find in such a case? Do they differ from those met with in cases of death from other irritants? 3. What are the chief pathological and accidental (as opposed to criminal) causes of the death of a new-born child? 4. A dead body is found in water: what appearances would enable you to state that death had resulted from drowning? 5. What are the symptoms and post-mortem appearances of poisoning by carbolic acid? How would you treat such a case, and how would you detect the poison in the contents of the stomach? 6. What recent changes have taken place in the law relating to the duties of medical practitioners with respect to the insane?

Obstetric Medicine.—1. Describe the structure of the placenta in the last month of pregnancy, and its connection with the wall of the uterus. 2. Describe the mechanism and management of labour, the face presenting in the right mento-posterior position. 3. Describe the best means of attempting the resuscitation of an apparently still-born child;—(*a*) When the surface is livid, and the tonicity of the muscles is not lost; (*b*) When the surface is pale, and the muscles are flaccid. 4. Write out a series of detailed instructions for the use of antiseptics during and after labour, indicating those which you consider the most essential. 5. How would you treat amenorrhæa in an unmarried girl, and under what circumstances would you think a vaginal examination necessary? 6. Give the differential diagnosis between tumours of the uterus and those of the ovary, in the case of tumours rising above the level of the umbilicus.

Sport.

ASSOCIATION FOOTBALL.

GUY'S v. CROYDON.

Played at Croydon, Saturday, October 19th. Guy's took down by no means their strongest team, W. G. Mitchell, F. G. Swayne, Pilcher, &c., being notable absentees. We kicked off up a slight incline with the wind in our faces, play settling down in the centre of the field, but by some good kicking into touch by our backs the ball was taken well into their 25. A huge point was badly missed by our back, Croydon nearly scoring, but Biggs after a good pass by Jones ran half the length of the ground and looked like scoring, but was well brought down, the Croydon tackling being very sure, our men repeatedly going for their man too high. We still kept up the pressure, and some grand passing between Cooper, Jones, Reid and Biggs caused Croydon to touch down none too soon! Croydon in their turn made a strong attack, Duffitt having to touch down. Biggs kicked off and our forwards came down the ground at a rare pace but unfortunately some one got off side, and they obtained a free kick, from which Marks placed a magnificent goal near the halfway flag. Half time was soon afterwards called, Croydon crossed over leading by one goal to nil. On restarting our forwards headed by Sheen rushed the ball to their goal line, but some weak play on our side gave Croydon a chance, which they readily accepted, gaining their first try close to the touch-line, but a good attempt at goal fell short. This reverse fairly mettled our men, and some grand passing between Cooper and our three-quarter backs Burrell being tackled on their line. Reid got clean away but unfortunately when to all appearances he seemed certain to score, he passed forward. Almost immediately afterwards by a good drop at goal he caused them to touch down a second time. Our men now fell off considerably, Biggs was placed *hors de combat*, and had to leave the field. Croydon gained a second try from which no goal resulted, and would have scored again had it not been for some grand saving by Cooper. Croydon thus left the ground victorious by 1 goal, 2 tries, 2 touch-downs to 2 touch-downs.

The heavier and better team certainly won; they played a very strong game and made full use of their opportunities. Our men by no means disgraced themselves, and certainly had very hard luck in not scoring several times, the passing at times being very fine, but there was a slight tendency to long passing, which will certainly not pay in cup-tie matches. Howard, Turner, Flint, Cooper, and Shorland played well for their respective sides.

Team.—Duffitt (back); S. Tuck, J. J. E. Biggs (capt.); E. Reid, Burrell (three-quarter-backs); H. Cooper, P. M. Jones (half-backs); A. W. Sheen, B. Instone, Pantin, Shorland, W. H. Jewell, Thomas, Robinson, Clark (forwards).

The forwards, as a whole, played well, but their combination was not good, as they had not played together before. Both the halves were very good, and saved splendidly. Duffitt, at full back, tackled well at liners. The three-quarters, as a whole, were not a conspicuous success in the saving line, the tackling being far from good; in fact, with the exception of Tuck, the collaring must be called bad, and but for our playing four instead of three three-quarters, Croydon must have scored oftener than they did.

GUY'S v. SWANSEA.

The undermentioned fifteen left Paddington at 5.45 p.m. on November 1st, to represent the Hospital against Swansea.

TEAMS: Back, E. S. Tuck; three-quarters, J. Ensor, E. Reid and H. J. Rosey; half-backs, H. Cooper and H. G. Steele; forwards, J. J. E. Biggs (Capt.), F. G. Swayne, H. Wilks, W. Bligh, W. G. Rogers, E T Shorland, N. Instone, B. Instone, and A. Sheen.

The team was under the management of T. W. Nicholson, and was accompanied by a crowd of three enthusiastic supporters.

At Swindon a sumptuous repast took the place of such intellectual and improving games as whist and "Add up," and the team "trifled with a steak," until reaching Gloucester, where they took gentle exercise on the platform for a few minutes. Re-embarking, Cardiff was soon reached, where a select assemblage of prominent players wished Guy's success against their old opponents. Swansea was safely reached at midnight, and a move was at once made for the Castle Hotel, where, after a little light refreshment, a few words of admonition from the captain against late hours and early rising caused an early retirement to bed.

Half-past ten next morning saw the team doing full justice to an excellent breakfast, after which the tonsorial artists of the town were freely patronized.

Exploration of the ancient city of Swansea was then undertaken by detachments of the team, some finding a fine field for the study of national characteristics in the market-place; others, an object of professional interest in the sufferings of an entirely new specimen of the "Shipwrecked Sailor."

At two o'clock the team, re-inforced by Swayne, who came on from Bristol, and whose advent was hailed with joy by the nervous, left in a break for St. Helen's, where, having changed in the baths, they walked a few yards to the field of play, where they were greeted with applause by the assembled spectators, who numbered between 7,000 and 8,000.

The absence of Allport, Mitchell and Nisbet, was regretted by the local players, though their confidence as to the result of the match was considerably increased. Swansea were without the brothers James and the brothers Samuel.

THE GAME.

Swansea having won the toss, Biggs kicked off for Guy's, and Thoroughgood made a good return to Ensor, who was collared near the centre, and after some tight play Biggs showed up with a nice dribble. Some good forward play by Swansea carried the ball into Guy's 25, and from some loose play on the touch-line Edwards got

behind a few minutes from the start. Bancroft made a good attempt at goal but was unsuccessful. Biggs dropped out, and Ivor Davies returned to Reid, who failed to get his kick in, and play again settled down in the visitors' quarters; Steele and Cooper tried hard to get away but the tackling was too good. By some grand loose scrimmaging the Guy's forwards worked the ball to the centre, where, after an exchange of kicks, Bowan made a mark from a fine kick of Reid's, but Bancroft failed to score more than a minor.

Biggs again dropped out, and from the return Steele and Ensor, by some pretty passing and a kick by the latter, carried the game to the home territory. Swansea came away with a fine combined dribble, Bowan, Williams and Norman being conspicuous, but Cooper, picking up finely, passed to Steele, who transferred to Rosey, who, in turn, gave Biggs a chance of scoring which he utilised by making a brilliant and almost successful attempt at scoring, being only held by the foot by Bancroft. Edwards and Thoroughgood then showed up for the home team, the latter being grassed by Steele in a manner suggestive of Allport's best style. Swansea then forced their way to the centre, where Steele picked up smartly and passed to Rosey, who made of in fine style, but was upset by Coke, and from the succeeding scrum Biggs and Swayne came away with the ball, but Bancroft with a huge kick sent it into touch in Guy's 25. The visiting forwards, not to be denied, worked back to the centre, and Cooper, passing to Reid, the latter made some ground and dropped at goal, but was unsuccessful. Swansea claimed a free kick for off-side play a minor resulting, and half-time was called with the score one try and three minors in favour of the home team.

On resuming hostilities Bancroft kicked off and Ensor's return was charged down, play settling in Guy's half. The Swansea forwards looked like scoring, but Cooper took a flying kick into touch. From the line out Instone, Shorland and Swayne took the ball to the centre, and from a scrum some nice passing between Cooper, Rosey and Reid ended by the latter dropping into touch in the home 25. Swansea, with a free-kick got the ball back half-way where Wilks was prominent in a line out. Instone and Rogers now put in some fine tackling, and Reid stopped the career of the Swansea forwards by a flying kick in touch.

Swansea was pressed, and a good dribble by Williams, Edwards and Lewis carried the ball into Guy's 25, but Bligh stopped the rush. Heeling-out was now the order of the day, but Cooper and Steele fairly smothered the opposing halfs. Thanks to a bad kick from Edwards, Instone, Rogers, Sheen and Wilks took the game to the centre, but a fine run and kick by Coke caused Guy's to touch down. Biggs had his kick charged down, and Swansea seemed certain to score, but Tuck collared Bevan grandly, and Swayne gained a little ground with a dribble. Thomas kicked into touch nearly on the line, and from the scrum Edwards got the ball and dashed over. Bancroft again failed at goal, and directly after, time was called, leaving Swansea victors, after a pleasant and hard-fought game, by 2 tries to nil.

Of our team the forwards played well to a man, and must be congratulated on having made an excellent fight with one of the best forward teams in the kingdom. Where all played so well it would be invidious to individualize, but, both in the pack and as extra three-quarter, Biggs was a tower of strength. Of the three-quarters, Ensor was perhaps the best, the other two not playing up to their best form at first. The halves were both shining lights and did a vast amount of work, fairly outclassing their opponents. Tuck tackled and kicked well, and proved an able custodian as he could not have saved either try.

The majority of the team left Swansea at 7.20 on Saturday evening carrying with them the pleasantest recollections of their visit. The kind reception of the team by the courteous secretary of the Swansea club, Mr. Bryant, and the good-fellowship of the players being deeply appreciated. The departure of the team was witnessed by a large crowd which filled the station, and as the train steamed out hearty cheers were raised and hopes of a future visit freely expressed by great and small, the young idea of Swansea having evidently been taught to shoot in the right direction as regards the noble game of football.

GUY'S 2nd *v.* ST. BARTHOLOMEW'S 2nd.

This annual fixture was decided in our favour at Walthamstow, on Wednesday, October 29th. The teams were well matched, and a very fast game was the result, Guy's showing an amount of energy and combination which we have not seen before this year. B. Pendred shot the goal from a good pass by Grummett. Nothing further of note occurred, except the brilliant play of our back division, before the interval. Having started again, Bart's, with the wind behind them, at once attacked, but did not shoot well, and Bradley from a well-combined run scored a second goal for us. In the last quarter-of-an-hour, when it was growing dark, Barts secured their only goal from a scrimmage, by a long slow shot. Every man played his best, and the second may be congratulated on defeating their old foes.

GUY'S—T. L. Williams, goal; Thurston and Prebble, backs; C. Henson, F. S. Brereton, V. Pendred, half-backs; R. C. Kirkby, W. G. Mumford (capt.) left; B. F. Pendred, centre; O. J. Bradley, W. Grummett, right.

GUY'S HOSPITAL *v.* BANK OF ENGLAND.

This match was played on Saturday, October 25th, at Raynes Park, on a wet ground, and with the rain still falling. The Hospital were two men short, owing to the goal-keeper being absent, and no one being found to play in our captain's place, who, we are sorry to say, was still too unwell to appear. The Bank rushed a goal immediately the game began; then the game assumed a more even aspect, but the Bank scored again before half-time. Immediately on restarting the Bank scored their third point through some misunderstanding on the part of our backs. From this point the Hospital played much

better, and the ball was taken down the ground by Francis and Kirkby, and from a good centre by the former, B. Pendred scored for the Hospital. Nothing further was scored, although the Hospital were several times very near, but their opponent's goal-keeper was equal to the occasion. H. C. Sharp and W. Poole got through the lion's share of the work, and but for their energetic play the Hospital would have come off far worse.

TEAM.—H. F. Hinton, goal; W. Poole and H. D. Packer, backs; H. C. Sharp and V. Pendred, half-backs; H. Hewetson, right wing; B. Pendred, centre; C. J. Francis and R. C. Kirkby, left wing.

GUY'S HOSPITAL *v.* CASUALS.

This match was played on Wednesday, October 29th, at Wormwood Scrubbs, on the ground of the Casuals. The turf was in excellent condition for football, and a very good game ensued, both sides being fairly well represented. Bickley won the toss, and Hibbard kicked off against the wind and up the hill for the Hospital, but the Casuals were the first to attack, the ball was soon worked back, however, by the Hospital, and from a good pass by Hibbard, Hewetson was enabled to score the first goal for Guy's. On restarting, the game was carried on fairly evenly, Pawson putting in a lot of good work for the Casuals. Eventually, Cotterill and Hibbard ran through the Casuals defence, and the former scored a second goal for Guy's. Pawson then scored for the Casuals, which proved to be their only point. Later on the same player shot the ball through the hospital goal, but on an appeal for "hands" the decision was against him, and the goal was disallowed. Lawrence and Hibbard also scored for the Hospital, but they were both ruled off-side, so that at the call of half-time the score was—Hospital 2 goals, Casuals 1 goal. During the second half-time, the Hospital gradually got more and more the upper hand, adding two more goals to their score, the first by a good long shot from Hibbard, and the second by Cotterill. Final result, therefore, 4 goals to 1 in favour of the hospital. Packer was seen to great advantage at full back, stopping some dangerous rushes on the part of their forwards very well. Sharp also did a great deal of work at half-back, and Cotterill and Hibbard played a nice game together forward.

TEAM.—H. N. Collier, goal; W. S. Frith and H. D. Packer, backs; A. M. Daniel, W. Poole, H. C. Sharp, half-backs; W. H. Fisher and H. Hewetson, right wing L. Cotterill and G. Lawrence, left wing; C. E. Hibbard, centre; forwards. R. C. Stamford, umpire.

GUY'S HOSPITAL *v.* ROYAL COLLEGE OF SCIENCE

The hospital sent down a poor first team to play off this engagement at Raynes Park on Wednesday, November 5th, and as a consequence had to retire beaten by one goal to nil. The play throughout was of an even character, each goal being attacked in turn, but the combination of their forwards was too good for our back division, with the result that they scored once in the second half.

GUY'S HOSPITAL TEAM.—H. L. Williams, goal; Webber and H. B. Thurston, backs; O. J. Bradley, E. A. Prebble H. Hewetson, half-backs; G. Lawrence, C. J. Francis, W. S. Frith, R. C. Kirkby and W. G. Mumford, forwards.

Birth.

HOWELL.—On October 23rd, at High Street, Wandsworth, the wife of James Bromley Howell, M.R.C.S., of a son.

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HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

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Guy's Hospital Gazette,
NOVEMBER 22, 1890.

TWO INTERESTING CASES OF HÆMATURIA.

These two cases, in spite of their trifling nature, deserve, I think, the title of "interesting" from the misleading character of their symptoms.

The first was the case of a boy, some ten years old, who came up to the surgery one evening in September with a history of having fallen astride a beam, and of having subsequently passed blood from the meatus. Everyone naturally went for ruptured urethra.

On examination, the meatus, the preputial orifice, and the neighbouring clothes were found freely stained with blood. On micturition, the first few drops of urine were bloodstained, but the act was performed without pain or difficulty, and, on retracting a somewhat tight prepuce, the bleeding was seen to proceed from the frænal artery, which had curiously enough been ruptured in the fall. On completely dividing the artery the bleeding ceased, and the patient had no further trouble.

The second case, which perhaps ought hardly to be reckoned under the head of "hæmaturia," was that of a man of about twenty-nine, who came into the surgery one night with free bleeding from the meatus.

The hæmorrhage was so profuse that the blood had run down inside his trousers, saturated his socks, overflowed his boots, and left marks on the floor as he walked.

A small amount of bleeding is common enough in gonorrhœa, but such severe hæmorrhage was more like that of villous tumour than of anything else.

There was no history of injury, of irritability of the bladder, of stone, or of previous attacks of bleeding.

Inquiry, however, revealed a history of recent gonorrhœa, alcohol, and sexual excitement, hæmorrhage coming on during the latter.

A smart purge was given, but, the bleeding having by this time almost entirely ceased, no catheter was tied in, and the patient was sent home.

There was a slight recurrence of hæmorrhage during the night, which had entirely stopped when the patient came up next day.

He was to avoid alcohol and so forth, and to come up at once if the bleeding ever returned.

He has not been up yet.

Such profuse hæmorrhage as the result of urethritis, is, I believe, very rare.

OMEGA.

CLINICAL LECTURE.

Mr. Durham lectured on Urethral Stricture — its causes and treatment (illustrated by reference to cases in or recently in Lazarus Ward) on Wednesday, 22nd October, continued on Wednesday, 29th. He described stricture as a narrowing of the urethra, and said that urethral strictures were common, divided into three classes, viz., Inflammatory, Spasmodic and Organic. True stricture must always be regarded as organic. What were called inflammatory and spasmodic strictures were caused by recent inflammatory swelling of the mucous membrane, and by the spasmodic contraction of the muscles around the urethra, but what was recognised as organic was caused by an effusion of lymph or other new material on, in, or around the coats of the urethra, which might extend even into the corpus spongiosum, and which might occur in any portion of the urethra except the prostatic portion; there, obstruction might occur, but not true stricture, except perhaps as the result of severe injury. Organic stricture most commonly occurred near the meatus or in the bulbous portion, or extending on into the membranous portion; but it might be met with in any part of the penile urethra.

Characters.—The stricture might consist of a little band extending across the canal, known as *Bridle Stricture:* or again it might be a little hard swelling encroaching on the calibre of the tube, and swelling extending all round the calibre of the urethra, which constituted *Annular stricture.* Sometimes there was a hard mass of infiltrated tissue surrounding the canal and extending into the corpus spongiosum, in which case a considerable extent of the urethra might be encroached on and narrowed. In some cases the stricture might be hard and gristly, in others firm, in others again elastic and extensile.

He wished it to be understood that the special object of his lecture was to impress the importance of early recognition and efficient treatment of this common, troublesome, and often serious malady.

Causes.—By far the most common cause of stricture was gonorrhœa; the youth who had a bad gonorrhœa, which was allowed to run on without proper treatment might, when between thirty and forty years of age, or before, look out for indications of stricture. Let them never look upon gonorrhœa as a mere trifling complaint. He had known men die from septic absorption of the products of a gonorrhœa neglected or inefficiently and improperly treated. At any rate, in bad, long standing and mismanaged cases, stricture would be likely to result in after time, and seriously to trouble the patient and affect his comfort and general health. Sooner or later, the stricture being neglected, the bladder would be liable to suffer, and then the kidneys, and so on, the trouble might lead to fatal results. There was no doubt that a great number of valuable lives had been lost through neglect of stricture of the urethra.

Another cause of stricture, though far less common, was ulceration of the urethra from syphilis. From time to time they met with a gonorrhœa which resisted all ordinary treatment, but which was speedily cured by a course of mercury. The explanation of this probably was that there was a chancre in the urethra. A syphilitic ulcer was liable to be followed by stricture of a serious kind, and one which was very difficult to get rid of. Strictures from such cause most frequently occurred as the result of chancre round or about the meatus. Let them remember then always to keep syphilis in view when treating their patients, and if their remedies failed, let them try antisyphilitic treatment. He could tell them of many cases in his experience where, under this treatment, many affections which had long proved intractable had cleared up and had been satisfactorily relieved.

The third cause of stricture was mechanical injury resulting in partial or complete rupture of the urethra. Strictures of this class were most difficult to treat, and often resulted in perineal fistula.

Having insisted on the great importance of early recognition of the occurrence of stricture, Mr. Durham proceeded to speak of the indications and symptoms. He gave the instance of a patient who first finds he cannot pass his water as quickly as he could, and who is also obliged to pass it more frequently, and to use increased force to do so; who notices a little drop of clearish discharge on getting up in the morning, and who has a dull pain about the loins; who sees little white flakes in his water, and finds that the stream becomes spiral, and who is always worse when constipated. Under such circumstances the patient might come complaining of his water. But with such symptoms the first thought of any one of them should be that the patient had got a stricture, and they should tell him that it was not the water but the water works that were out of order. A persistent "gleet" should always suggest the probable existence of stricture,

Examination.—A great number of instruments had been made and invented from time immemorial for the treatment of troubles of the urethra. On the table lay the facsimile of a catheter that had been dug up at Pompeii, and a very good shape it was.

In regard to examination for stricture, the question was, which instrument and method was the best. Different surgeons all had their own ways respectively, but he would simply tell them his. At the same time he would call their attention to exploration by the bougies á boule. His advice would be:—"First quiet the patient's mind and say you won't hurt him (more than you can possibly help); get him to lie down pretty flat on his back, easily and comfortably. Nowadays almost all surgeons make their patients lie down, and the advantages of this position are obvious, for if the patient is standing up against a wall and should faint, the result is awkward. See that the dress is arranged to give you plenty of room. Then take a good-sized steel sound to begin with, with a quarter-of-circle curve such as shewn, warm it by the fire or in hot water, and if the latter, remember to dry it well. Next lubricate it with a mixture of hydrochlorate of cocaine, carbolic acid, and almond oil; pour some oil into the palm of the hand, and do not dip the sound into the bottle, as by doing so repeatedly you run a risk of getting your oil impregnated with septic material. Stand on the left side of the patient and raise the penis with the left hand, slightly uncover the glans, and insert the end of the sound into the orifice of the urethra, holding the former at right angles to the body of the patient, and keeping the right hand well down on the thigh. Let the instrument slide along by its own weight, and raise the penis until you feel that the sound has approached the triangular ligament. Then curve the hand round over the abdomen to the middle line, keeping the point of the sound against the upper wall of the urethra. Turn the handle gently round, and in it goes into the bladder. Hold the instrument lightly, and pass it slowly: help the urethra on the instrument as well as the instrument along the urethra. If the sound meets an obstruction, use no force, but take a smaller one, and if this will not pass, a smaller one still, and so on until you succeed, if happily you can succeed in passing through the strictured part. Remember you are not treating the case, but exploring it to see what size the obstruction is, and where it is placed. If you cannot succeed with such sounds, then you must try fine elastic bougies. But recollect, 'no force.' You have to find your way, not to force a passage."

Treatment.—The treatment the lecturer said depended on the severity and special conditions of each case. No one particular method of treatment was suitable for all cases. All methods should be learnt, and that adopted which was best suited for the case under treatment. The following were the usual headings of treatment:—Interrupted or intermittent dilatation; continuous dilatation; forcible stretching, rupture, or divulsion; internal urethrotomy; external urethrotomy. Treatment by caustics was now obsolete. Indeed the last state of a

man so treated was often worse than the first. The new treatment by electrolysis was the last new fashion, but its merits had yet to be established, probably it would soon die out. As a rule the patient would not lie up unless absolutely necessary, and therefore in cases in which the stricture was not severe, interrupted dilatation was the most acceptable and perhaps the best treatment to adopt. The patient should abstain from alcohol in any form, or at the most take a little still moselle or hock, he should take plenty of milk, whey or barley water, and the urine should be rendered faintly alkaline with citrate of potash or lithia. The patient's general health should be kept up, and all violent exercise or riding and cycling given up.

Interrupted Dilatation.—Mr. Durham preferred a soft elastic conical catheter with olive end, to a steel sound or bougie for treatment. The elastic bougie is perhaps easier to pass, but with a catheter the patient could have his bladder emptied through it, and thus would not have to pass his water for some time afterwards, which was a great advantage, as the passage of the instrument was sometimes followed by slight soreness and spasm of the urethra. Let them choose an instrument of such size as ought to pass easily through the stricture, and let them remember that in passing the soft instrument they had to help it on and not to guide it. If it caught on the top of the stricture let them draw it back a little and again pass it on with a little "twiddle," and if it would not pass then try a smaller one. The instrument should be kept in for a few minutes and then withdrawn. If a catheter had been used, the water should be allowed to run off before the instrument was withdrawn. There would be a little irritation of the urethra that day perhaps, but the next day the patient would probably be able to pass his water much more freely. If there was a purulent discharge, the treatment must be discontinued, otherwise an instrument should be passed every three or four days for three or four weeks or more, and let them begin each time with the size used on the previous occasion, and then pass one a size larger, allowing it to remain in the canal about ten or fifteen minutes. When a No. 10 or 12 could be easily passed, the patient should be taught to pass an instrument for himself, and told to use it once a week for some time, and subsequently at longer but regular intervals. Under such treatment, and in favorable cases, the patient might go on with his business and not run any of the risks a neglected stricture would render him liable to. He would be enabled to pass his water as well and as often as was necessary, and not be called on to do so more often than would be convenient.

APPOINTMENTS.

HART, E. J. TULK, M.R.C.S., has been appointed Honorary Consulting Surgeon to the Brighton, Hove, and Preston Dispensary.

MANBY, E. P., M.B., B.S. Cantab, M.R.C.S., has been appointed Head Surgeon of the Liverpool South Dispensary, *vice* Dalzell resigned.

TOBACCO.

A paper read before the Physical Society on October the 18th, by J. B. LEATHES, B.A.

(Continued.)

Tobacco leaves contain nicotine in the cells of their parenchyma. If the leaves are thick, therefore, and contain a large proportion of parenchyma, they also contain a large proportion of nicotine, amounting sometimes to 10 per cent. The amount also depends on the period at which the leaf be analysed, being very small in the young leaf and increasing as the season advances. The leaves when gathered contain from 6 to 10 per cent. They are exposed, during the process of preparation, to fermentative changes. They are damped with salt solution and stacked. During the fermentation which ensues much of the nicotine is changed, and the amount of acetic acid present rises from almost none to about 3 per cent. Prepared tobacco contains roughly from 2 to 6 per cent. nicotine; the best Havannah tobacco only 2 per cent.

Now many chemists maintain that when a pipe or cigar is smoked, the heat evolved by the oxidation of the kindled tobacco acts similarly on the rest of the nicotine left in the prepared leaf, and accordingly no nicotine enters the mouth of the smoker.

The experiments of Vohl and Eulenburg, twenty years ago, published in the Berlin Quarterly Journal of Forensic Medicine, are the clearest and most cogent basis for this belief, and are very commonly quoted as final. (M. Bruce, L. Brunton, Watts). In the paper in which they announced their results they refer to previous analyses of tobacco smoke. Zeise, for instance, gives a list of the components he found, and nicotine does not appear. Berzelius, criticising the list, expresses astonishment that so careful a chemist should have made the omission. Another chemist, Melsens, finding an oily base, writes it down nicotine, although the analysis of its elementary composition differs from all previous analyses of that body. Everyone assumes it must be there, and either regards its absence as an omission due to carelessness or introduces it illicitly. Vohl and Eulenburg then describe their method of procedure. They drew the smoke from kindled pipes or cigars by an aspirator through potash, and then through dilute sulphuric acid. A large number of acids were stopped by the potash, a certain number of neutral gases passed through both fluids, and an oily alkaline foul smelling mixture of bases was obtained as well. Fractional distillation separated these bases, and the several fractions were submitted to elementary analysis, and also tested with platinum chloride. Now nicotine has a constant boiling point 247°c, and has distinctive reactions (especially the double zinc and nicotine chloride, insoluble in alcohol), which render oversight or confusion impossible. No nicotine was found, but all the nine members of the series of picoline bases.

The physiological action of these picoline bases has not been worked out, but from some rough experiments

made by Vohl and Eulenburg, a general affinity to that of nicotine was established, though their power as poisons was found to be not nearly so great. The lower members of the series proved, however, to be stronger than the higher, and to be, especially pyridine, more abundant in pipe smoke, the higher and weaker members being characteristic of cigar smoke; this, it is suggested, is the reason why stronger tobacco can be smoked in cigars than in pipes.

However, since Vohl and Eulenburg's experiments, Kissling and Henkel have gone over the same ground but with different results from these, and affirm that they always find nicotine. The question is not really decided, but it appears that Henkel's account most nearly represents the facts: that the nicotine under the influence of the combustion of the other parts of the tobacco is partly volatilized and partly decomposed; the part which is decomposed yields picoline bases, and these, with the merely volatilized nicotine, pass into the smoke, some of them to be condensed, before the smoke reaches the mouth, in the stem of the pipe or the unconsumed parts of the cigar. The error in Vohl and Eulenburg's experiments, then, is supposed to rest with the aspirator, which smoked too quickly and unintermittently, as if it liked it, and would have nothing proved against its favourite weed.

The evidence being, therefore, in favour of nicotine, as a constituent of tobacco smoke, we are justified in taking the ascertained facts as to its physiological action as a guide to the analysis of the effects of smoking, especially when we remember that the substances which by some are supposed to take its place, have a similar physiological action.

There are three periods in the smoker's career. There is the day when his body for the first time encounters the new acquaintance Tobacco, when, though he fain would call it friend, his advances are met with the most uncompromising rebuffs. This, in the language of science, is the period of acute nicotine poisoning. There is then the period when the friendship is struck, when it grows, and is the source of a happier and wider life. This we shall speak of more coldly as the period in which tolerance is established. And, lastly, there is the stage, which is reached only by the unhappy few, in which the double life of man and pipe is rent by disputes: they cannot agree, but dare not divorce. This stage is referred to as chronic nicotine poisoning.

If you will carry back your thoughts to the day when you were first introduced to tobacco, you will at once be struck by the fact that tolerance has been established just as we saw that of nicotine can be in the frog. The first pipe occasions different degrees of inconvenience in different people.

Boerhaven, the Dutch physician, describes his experiences impersonally as follows: "When a man first smokes tobacco his whole being is changed ('totus matatur'), and after sickness, vomiting, giddiness, singing in the ears, and opening of the bowels, he will often fall into a fainting fit." The symptons of acute nicotine poisoning are given more fully by Von Boeck. Taking them as he gives them, only in a different order, there are first of all affections of the central nervous system and motor nerves, confusion, tottering gait, or imperfectly co-ordinated movements. "It maketh men drunken and light in the head," as an old writer says, "so do the vanities of the world: men are drunken therewith." In more severe cases (for instance, a medical student in Paris, who determined to overcome his dislike for tobacco, and smoked a full pipe to the end) there may he violent convulsions. Finally, the familiar unsteady hand of the smoker, which possibly may be explained as a sort of mutiny of the motor end organs; they are active, but not under orders from the centres, and so do not work simultaneously, and the resulting fibrillar contractions, though not sufficient possibly to move the limb, cause the variations of elastic extensibility which always accompany the passage of muscle into the active state, and so upset the equilibrium of opposed muscular tensions necessary for steadiness. The parallel between these symptoms and the physiological action of nicotine is sufficiently close.

Then, secondly, there are affections of the heart. In mild cases a slow pulse is common; in more severe cases the pulse becomes very small and feeble. In the physiological action of nicotine we found similar effects due, to vagus stimulation, and subsequently to weakening of the motor ganglion.

Then, again, respiration is at first quickened and afterwards slower and difficult, just as with rabbits after injection; dyspnoea, too, may become in severe cases very marked.

Next the pallor which few beginners avoid recalls the action of nicotine on blood pressure; and, lastly, vomiting, epigastric pain, colic, and diarrhœa, remind us of the effect of nicotine in producing strong contractions of the whole alimentary canal.

Two effects—perspiration and salivation—which are constant in man when first brought under the influence of tobacco smoke, are also seen in some animals after injection of nicotine, though not in all.

The effects in the majority of cases pass off in an hour or so, leaving nothing behind them but, perhaps, headache and loss of appetite. Nicotine is rapidly removed from the animal body. It is said to be excreted in the urine, saliva, and sweat, unchanged. Proof that it is excreted in the saliva is brought forward in the fact that, after smoking a cigar and washing the mouth with potassium permanganate, the smell of nicotine was retained in the mouth half-an-hour later. (K Mn O4 converts nicotine into nicotinic acid—a substance bearing to pyridine the relation that benzoic acid bears to benzene). While to prove that nicotine is excreted in the sweat, it is not necessary to refer to experiments or recorded cases; but there is one striking case of a man poisoned by excessive smoking, who was for several days offensive to the ward of the hospital where he was placed, the treatment being vapour baths. The excretion in this case did not begin till eight days after admission.

(To be continued).

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

CURIOSITY.

DEAR SIR,—My curiosity has now been exercised for a week in considering the questions set in the last "1st Fellowship Examination," and it strikes me that some of your readers might be interested in elucidating the meanings of some of the said questions. It is right to say first that the following suggestions do not seem to be entirely of the nature of response required by the Board of Examiners—if we may judge on negative evidence.

On the whole the anatomy questions were clear, definite, and intelligible: the following points, however, seem to be in some degree exceptions. (2) "Describe the development of the ovary." It is, I believe, generally accepted that *microscopical* anatomy is reserved as a perquisite to "physiology" papers—how then can the Q.E.F. be done satisfactorily without the use of microscopical anatomy?

(3) "Enumerate the soft parts *in contact* with the sphenoid bone, and give the exact relations," &c. If strict accuracy was maintained in answering this question, it seems that a description of the periosteum covering the bone ought to suffice, for is it not the only structure *in contact* with the bone?

Definiteness is not very clearly stamped on the physiology paper.

With regard to question 1 ("Give an account of the phenomena which accompany sudden variations in the amount of Blood in the Vessels"), I am yet in the dark. The suggestion is offered that the answer is closely bound up with a variable quantity of *dissolved gas*.

Question 2. "Describe the minute structure of a thoracic ganglion of the sympathetic chain, and the way in which it is connected with other parts of the nervous system, both central and peripheral." The latter part of this question apparently requires a general answer. Would not a slight alteration in the wording have made it clear that it had earned its place in the physiology and not in the anatomy paper?

Question 4. "Describe the development of the PRIMITIVE Alimentary Canal, and enumerate, without description, the parts derived from it." Dr. Gaskell has lately been bringing forward evidence, indeed strong evidence, for believing that the central canal of the central nervous system is the *primitive* alimentary canal of the vertebrate. A disquisition on this theory [as yet uncompleted in some of its details] would seem to be the strict answer to this question. I have slight evidence that this answer was not required—partly from an examiner's lips and partly from my own treatment of the subject.

Lastly, a word on the *fairness* of examinations in general, and be it distinctly understood that my remarks are not a generalization from the single instance, *de quo agitur*, but from examinations generally. I do not believe that an examination paper *can* be unfair. An examiner may, if he be so minded, write down any nonsense he pleases and call it e.g. a conundrum paper, but still it is *fair*. Be it noted, however, that he plays fast and loose with the credited position of the examination, and the outside public may have their confidence shaken, and then . . . .

But I must not encroach further on your space, and beg to subscribe myself, yours, &c.,

HERBERT E. DURHAM.

AN IDYLL.

Out of the dingy Borough, down grimy Maze Pond, with its mud and its lumbering hop-waggons, through the arched portals of the college, and lo! we are in a different world: a world of fresh green leaves, of ferns and waving flowers. It is as though we had suddenly stepped into one of the beautiful old-world Oxford Quads, were it not that the red bricks peep out here and there from beneath the foliage instead of the grey background of crumbling stone.

On all sides rich masses of virginia creeper hang in waving wreaths, climb in wild luxuriance around each door and window, and creep in tiny tendrils, each perfect in its beauty, into every niche and corner.

The mellow rays of the September sun, which even the dingy fall of London smoke cannot entirely shut out, shed a golden glamour on the rustling leaves, tipped already with the crimson brush of autumn.

There in the corner rises the black clustering ivy, content for the nonce to act as a mere foil to its gaudier rival, but soon to reassert its sway when the first frosts of early winter have sent a blood-red harvest fluttering to the ground.

From every window wave dark green masses of arching fern, while sprays of nasturtium trail in orange and madder magnificence on to the leaves below. . . .

It is gone!—Bare walls, bare windows, asphalte and red bricks—this is all that is left.

And why?

Why should this be the dream of an idle dreamer? The thing is feasible enough. Virginia creeper flourishes in our London smoke, ivy will grow anywhere, giant nasturtium, for the trouble of sowing, will thrive even in the Borough, as has been already proved. All that is required is a few large shrub-boxes, a load of good soil, and a little care and attention in watering and training.

An occasional washing with the hose would keep the leaves of the creeper fresh and green, and free them of their deadliest enemy—smuts.

Again I ask—why not?

PASS LIST.

M.B. LONDON.—FIRST DIVISION.

Bryant, J. H.	Norburn, A. E.
Evans, P. C.	Richards, J. S.
Fawcett, J.	Rickets, T. F.
Hall, F. W.	Robertson, J.

Webber, H. W.

SECOND DIVISION.

Bindley, R. A.	Stevens, T. G.

PRIMARY F.R.C.S.

Cresswell, F. P. S.	Durham, H. E.

Scene: DEAN STREET; Time, 4 a.m.—Weary Extern, at open window, after having heard the bell ring several times, varied by attempts to break door by means of knocker.

W. E.: "What do you want?"

GENT. ON PAVEMENT: "I wants one of you young gents to come to my wife; dare say it's all over now!" (persuasively).

W. E. (innocently): "I'm very sorry for you, my poor man, but all the doctors are out. I'm only a visitor, and don't know anything about the subject, but"—(jocularly)—"it's pretty dull for me here, so I don't mind coming; but don't blame me if anything happens, for I tell you I know no more about that sort of thing than a baby."

G. O. P. (rising to the occasion): "Lor' bless you, sir, that don't matter; there's lots of old women down there as will put you up to all the moves."

W. E. (in disgust): "Oh, all right, then, just wait a minute." Slams down the window and presently appears, bag in hand, to join G. O. P., who has been resting himself meanwhile against lamp-post, and finally their footsteps die away in the direction of Dockhead, and once more silence reigns supreme.

WE HEAR

That Mr. F. Cresswell and Mr. H. E. Durham have passed their First Fellowship, and we heartily congratulate them.

That a new light has been thrown on the morphology of the Styloid process by a young and rising anatomist of this Hospital. It is a *displaced tooth* and should be compared with the tusks of the Sus Scrofa Var Domesticus.

That there is an opinion in certain circles that the four-hour charts ought to be taken charge of during the day-time by the Ward Clerks.

That the Ward Clerks have discovered the culprits holding these opinions, and have already settled what punishment to inflict.

That Mr. Busteed has returned to the Hospital *to work.*

That Mr. C. C. Clark has also been seen for a few moments in the Colonnade.

That Mr. A. G. Buchanan was severely injured playing Hockey last week, but how it happened we can't quite imagine.

That there are certain good old English words which have been overlooked by those who have devised the technical phraseology of Anatomy. Sinew is one of these, and forcible use of this word was made the other day by a novice who described the Pylorus as a "sinewy thickening of the mucous membrane." It was a pity that scientific accuracy did not permit this picturesque phrase to become classical.

That Mr. E. E. Frazer has had a good deal of trouble with Jeremiah in Mary Ward.

That Mr. Sheen is about to do some original research connected with the application of Koch's anti-consumptive inoculating fluid to cases of spinal caries, and that experiments will be made on the Philip cat.

That a letter was sent to University College Hospital, purporting to come from Guy's, asking the Students to meet in Trafalgar Square at eight o'clock, with "low hats, old coats and thick sticks," on the night of the Lord Mayor's Show.

That this observation was made on a 'bus—"'Ave you 'eared about some man called 'Coach' who thinks he can cure consumption. 'E treats it like it were an hanimal." Tableau of contempt and derision on the "pal's" face, and pride of the wily bacillus.

That a patient now in Stephen was found crying bitterly, and told the nurse he was crying because he would have to undergo an operation, as the Ward Clerk had told the Physician he had some "brutes" (bruits) in his chest. French pronunciation is evidently not a strong point amongst the Medical Ward Clerks.

Passim.

THE next meeting of the Physical Society will be held on Saturday, November 29th, at 7.30 p.m., when Mr. F. G. Hopkins will move the following resolution :—

"That the Medical Curriculum should be extended by one year, and that this time be devoted to pure science, rather than to professional subjects."

Mr. T. R. Taylor will oppose.

WE hear there is some misunderstanding concerning the extra year's science, suggested by Mr. Hopkins. It stands "pure science," and refers to biology, physics, &c , not anatomy and physiology.

WE hope many will turn up to back their respective leaders. We hear of "red flags," &c., and a general muster on the part of the opposition. It is to be hoped that the other side will be equally on the alert. There seems to be much diversity of opinion. One says a B.A. is the panacea, the power of expressing oneself eloquently and correctly. But when he is ignorant, what has he to express. Another that science will teach how to observe, to learn for oneself, that any amount of clinical experience without the rules of science will only make the man a mere empiricist. Some say that the preliminary, others that the final exam should be stiff. At any rate, it would be an improvement to elevate the lower strata of the profession a little more above herbalists, prescribing chemists and quacks.

JUNIOR men seem inclined to let the Debating Prize go begging. Surely there are some who could speak. Power of expression and eloquence will come in at the viva voce examination.

DR. BRIGHT, the Master of University College, Oxford, who was recently shot at and wounded in his own house, is the son of Dr. Bright, of Guy's Hospital. He is not only the author of a well-known text book of English History, but is by many competent critics thought to be the finest preacher in the Established Church.

A CYNIC observed the other day that the late Dr. Bright made a great name by being the first to discover that a certain disease was incurable, and then proved his theory by dying of it himself.

WE are glad to state that, having made enquiries into the matter, there will not, as far as we can ascertain, be any changes made in the Christmas festivities at Guy's. The nigger troupe, if it can be organised, will again delight the wards with songs and dances. The pianos will as usual be found in each ward, and the decorations will once more surpass those of all other hospitals in their tastefulness and beauty.

WE have just learnt that, owing to the various complaints made last year of the *noise* of the pianos in some of the wards, changes in this direction will be made.

"DAGONET," in the *Referee* last week, evidently is going to supply a long experienced want. He gives the latest quotations from the various corpse markets, and we see that in Belgium the wholesale price of a body is 30 francs. Perhaps "Dagonet" will kindly give full particulars as to cost of carriage, for it appears cheaper to employ the wholesale *Exporter* of P. C. than to buy them retail at 12s. 6d. a part.

[*N.B.—To prevent mistakes we inform our readers that P. C. means "Pickled Corpses."*]

WE find it *necessary* to draw attention to THE GAZETTE notices posted about the Hospital for the benefit of present Guyites. We would also inform country subscribers that the Editors will be glad to receive subscriptions for 1891 as early as possible before the New Year.

In the last issue of The Gazette we gave the percentage of passes in the Fellowship and Third Conjoint Examinations during the past academical year. Here are the results of the First and Second Conjoints:—

First Conjoint.

Chemistry and Materia Medica ...	5 per cent.
Chemistry only	31 ,,
Materia Medica only	30 ,,
Anatomy and Physiology	54 ,,
Anatomy only	17 ,,
Physiology only	18 ,,

Second Conjoint.

Anatomy and Physiology ...	28 per cent.
Anatomy only	21 ,,
Physiology only	22 ,,

Hospital News.

INTERESTING CASES.

Philip	5	Spastic paraplegia.
	13	Tuberculous laryngitis.
	27	Cerebral tumour.
	33	Thoracic aneurysm, laryngeal palsy.
Stephen	29	Morbus Brightii, pericarditis.
Mary	11	Mitral stenosis.
	14	Anæmia, retinal hæmorrhages.
	24	Cerebral syphilis, optic neuritis.
	40	Mitral stenosis, left hemiplegia.

Physical Society.

A meeting was held on Saturday November 15th, Mr. H. E. Durham, B.A. in the Chair, when 52 members were present. Mr. T. Holmes, read a paper on *Spinal Caries*, of which we published an abstract in our last number. Besides points of general interest in symptoms and diagnosis, he would call special attention to the extremely favourable results obtained by operation. Of six cases in which Macewen "trephined" the spine, four had been completely relieved, while of four already published by Mr. Lane, everyone was successful.

Mr. J. B. Leathes insisted on the importance of proper treatment in the early stages of the disease, and here the remedy *par excellence* was Rest. He wished to know why the bodies of the vertebræ were the habitat of the process, and quoted a case which had been treated with the happiest results by the prone position, suitable apparatus being also applied to abolish the movements of the spine. He described an instrument devised by Dr. Taylor of New York, for application to the spine, and having a hinge which allowed movement backwards, but not flexion. In this way the Erector Spinæ group of muscles were relaxed.

Mr. Guy Mackeson could not claim any great practical knowledge of the disease, but had endeavoured to make himself acquainted with the literature of it. He thought the progress of the disease might be divided into (1) an active inflammatory stage, and (2) a passive stage. He considered a leathern splint had a good many advantages over a Sayre's jacket and other forms of apparatus: and thought that during the passive stage, some amount of exercise was desirable to prevent the ill-development of the thorax usually occurring.

Mr. T. G. Stevens wished to know more of the after history of the cases which had been operated upon successfully. He thought that the considerable amount of cicatricial tissue formed, would cause pressure-symptoms, and thus the remedy be as bad or worse than the disease: besides, the operator could scarcely hope to remove the whole of the tuberculous material present. With reference to one of Macewen's cases, in which the patient was so much benefited as to be able to play football, he thought he would only make a very indifferent player, and one who was likely to get into everybody else's way.

Mr. W. K. Steele pointed out that the prognosis for any particular patient, seemed to depend on whether he alighted in a Medical or a Surgical ward. As far as his experience went he had seen patients recover equally well in both, on the same treatment, viz.—Rest in bed, and Pot: Iod:

Mr. A. W. Sheen wished to know whether Dr. Koch's cure for consumption, had yet been applied to the treatment of Caries.

Mr. W. D. Loveday wished to know for what stage in the disease a Sayre's jacket was most suitable: he did not think taking off the Sayre did as much harm as was supposed, if proper rest was maintained. He would like fuller information as to how to distinguish infantile caries from rickets.

Mr. A. M. Daldy referred to the thrilling account in Mr. Hilton's book of a case of cervical spinal disease in a young woman, to which Mr. Holmes had alluded. Mr. Hilton himself, placed the patient in the recumbent position *statim*, her condition being so urgent, that a very few minutes delay in doing so, or allowing her head to slip half-an-inch forward would certainly have cost her her life. His pulse had gone up at least ten beats on reading the description. He wished for further information as to the value of "referred pains." Erichsen's statement that operative interference is quite unjustifiable seemed to him perfectly right, when one considered the general mass of practitioners, for whose guidance the book was intended. He took objection to Sayre's jacket on several grounds, amongst which was the great impediment it offered to respiration. He had seen a *p.m.* that afternoon on a child with Caries, which had been treated by Sayre's method, and supposed the Bronchopneumonia and Nephritis which had caused death, might have some connection with the cold water used in the application of Sayre's jacket.

Mr. A. E. Durham, under whose care the fatal case alluded to was, did not think the Sayre's jacket could be reasonably held to have accelerated the child's death. The impediment to respiration produced was certaintly a grave objection, and in some cases made it a debatable point whether it was better to let the patient die of caries or to risk the production of pneumonia. He thought a poroplastic jacket made to open either behind or in front, so that it could be removed at night would be a good idea.

Mr. W. F. Colclough had seen Psoas abscesses very successfully treated by incision and free evacuation of the pus. At the same time the thick character of the fluid made it obvious that aspiration would have been practically impossible.

Mr. C. H. D. Ralph narrated the case of a child in which extreme dyspnœa extending over three or four months, had been caused by caries of the sixth cervical vertebra, and thought the symptom was not an uncommon one.

Mr. A. J. Sharp remarked that as usual in therapeutics, no single method could be laid down as *the* method ; each case must be treated according to circumstances. He thought that Mr. Stevens had unnecessarily depreciated the efficiency of the football player, and would suggest that even if two or three vertebræ had become firmly anchylosed, a compensatory increase of movement might be developed in the neighbouring joints (as in the articulations of the pregnant pelvis), sufficient to make the man a formidable antagonist in the field. He could fully confirm the sphygmographic effects noticed by Mr. Daldy on readmg the thrilling account of Mr. Hilton's case, the interest of which was only exceeded by another in which the child was told to sit up and take its breakfast, did so, and fell dead.

Mr. D. S. Long thought that Dr. Taylor's splint might keep the spine at rest, but would not take the weight off the bodies of the vertebræ. In this respect Sayre's arrangement had the advantage. He wished to know more as to the pathology of the disease, and suggested that its predilection for the bodies of the vertebræ might depend on blood-supply. He did not consider diagnosis of the disease in children was anything specially difficult.

Mr. T. Holmes, in reply, accounted for the site of the disease by the bodies of the vertebræ being jammed together by the weight of the head and body above. He considered the supine position had every advantage in its favour. With respect to diagnosis, when cases which had been mistaken for dyspepsia, rheumatism, neuralgia &c., were perpetually turning up it did not suggest that the diagnosis was always quite so straight forward as some might think. So far from invariably starting in the epiphysial line of the bodies it was quite certain that the process occasionally began at their sides. The diaphragmatic breathing produced by a Sayre's jacket was most noticeable, and in one or two cases a special form of chair had been devised, so that the seat should not restrain the movements of the perinæum in this type of respiration With respect to the fatal case which had been attributed to cold water used in mixing the plaster, he had applied the jacket himself with every reasonable precaution and had in fact used water as hot as the child could bear it. The nephritis was due to old lardaceous disease.

A vote of thanks to Mr. Holmes for his excellent paper closed the meeting.

EXAMINATION PAPERS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Primary, F.R.C.S.

Anatomy.—1. Give the course, distribution, and anastomoses of the following Arteries : — Peroneal, Musculo-Phrenic, Posterior Circumflex. 2. Describe the development of the Ovary. State the relative position of the Structures which lie between the layers of the Broad Ligament of the Uterus, and mention the part with which each corresponds in the Male. 3. Enumerate the Soft Parts in contact with the Sphenoid Bone, and give the exact relations to the Bone of each of the structures named. 4. Describe the dissection necessary to expose the Adductor Pollicis (Transversus) from the Dorsum of the Hand.

Physiology.—Give an account of the phenomena which accompany sudden variations in the amount of Blood in the Vessels. What do you know of the life-history of a red blood-corpuscle ? 2. Describe the minute structure of a Thoracic Ganglion of the Sympathetic Chain, and the way in which it is connected with other parts of the nervous system, both central and peripheral. 3. What are the Chemical Products formed by a Muscle in action ? How are they eliminated from the body ? What is the immediate source of muscle-energy ? 4. Describe the development of the Primitive Alimentary Canal, and enumerate, without description, the parts derived from it.

FINAL FELLOWSHIP.

1. What are the causes of Thrombus in an artery ? Enumerate its dangers. Describe the treatment you would adopt in a case of Thrombus affecting the Brachial artery. 2. Describe in detail the surgical treatment you would adopt in Empyema, and state how such treatment would be modified by the various complications which may attend or follow the operation. 3. Enumerate the various conditions (excluding those of the mouth and pharynx) which may produce Dysphagia. Give the differential diagnosis of these conditions. 4. Describe the causes, course, and treatment of Sympathetic Ophthalmia.

SECOND CONJOINT.

Anatomy.—1. Describe the form, position, and relations of the Urinary Bladder in the male. 2. Give the origin, course, distribution, and anastomoses of the external and internal Circumflex Arteries of the Thigh. 3. De-

scribe the ligaments of the Elbow-joint (including the Superior Radio-Ulnar Articulation), and enumerate the structures in contact with it. 4. Give the origin, course, and distribution of the left Phrenic Nerve. 5. Give the position and relations of the left Kidney. 6. Describe the attachments, nerve-supply, and actions of the following Muscles :—(*a*) Mylo-hoid. (*b*) Rectus Abdominis. (*c*) Flexor Brevis Hallucis (Pollicis Pedis).

Physiology.—1. Describe the Fœtal circulation, and the changes which occur in the circulation through the heart after birth. 2. Describe a Lobule of the Lung. Explain the gas-exchanges which take place therein. 3. Enumerate in order and describe the structures forming the wall of an Artery the size of the Radial. 4. Describe the microscopic structure of the cortex of the Cerebellum. What functions are attributed to the Cerebellum? 5. What is meant by blood-pressure? Explain how the principal variations in the blood-pressure in the Systemic Arteries, Capillaries, and Veins are brought about? 6. What is the chemical composition of Bone.

A PRACTICAL POINT IN THE ESTIMATION OF SUGAR IN DIABETIC URINE.

We all know what a burden a diabetic patient is to the Medical Ward Clerk, in spite of the interest with which, of course, he watches the case, which generally so well illustrates in its progress, and the effect of treatment, the text-book accounts of the disease; and the reason of this undoubtedly is the calculation that has to be made every morning (strict accuracy compels me to add—"Sundays excepted") of the amount of sugar excreted. There are in existence tables intended to simplify matters, but, unfortunately, owing to the peculiar system, or rather want of system, which we follow in weighing and measuring, they do not really help us much. Thus the table given in Dr. Pavy's book requires, if I remember rightly, the use of a burette graduated in grain-measures; now the burettes provided in the ward are marked in cubic centimetres; still, seeing that another table, exhibited in the ward, works out results in grams per litre (or parts per mille), this would be sensible enough, were it not for the fact that the urine is measured, not in *cc.* but in *ounces*, and that it is customary to express the daily amount of sugar in *grains*, measures which are still unhappily retained and officially recognized among us.

The Ward Clerk is therefore compelled to do a small sum in reduction and proportion every day in order to arrive at an intelligible result; and even if he uses the table he has to multiply the result thence obtained by the unwieldy number .4375; and again it must be remembered that it is not well to habituate oneself to the use of a table which may not always be at hand.

Now this may easily be avoided, and the method is so simple and obvious that it can surely not be anything new; nevertheless as I have never come across Ward Clerks who have noticed it, I may perhaps, in the hope of saving some at any rate of that hardworked class of men, a little trouble, be excused for drawing attention to it.

We take, then, 1 *cc.* of the supposed sacchariferous urine and diluting it to 50 *cc.* fill the burette therewith. It is usually recommended to dilute only 20 times, but I think as a rule 50 is preferable (unless perhaps when the amount of sugar is very small, when 25 will serve), for it is obvious that the greater the dilution, the smaller the error of experiment in judging the amount which effects reduction.

We next take 10 *cc.* of Dr. Pavy's Ammoniated Copper Solution (the gymnast will recognise it at a glance) and dilute it with about 20 *cc.* water. Putting this in the flask we proceed *secundum artem* to find the number of *cc.* necessary to decolorize. Let this number = A.

We know therefore that A *cc.* of the diluted, or $\frac{A}{50}$ *cc.* of the original, urine contain .005 gms. sugar. How many grains, we ask, will 1 oz. contain?

Now 1 oz. = 28·397 cc.; and 1 gm. = 15·432 grains, therefore

$$\frac{A}{50} : 28{\cdot}397 :: {\cdot}005 \times 15{\cdot}432 : \text{No. of grains per oz.}$$

that is

$$\frac{28{\cdot}397 \times {\cdot}005 \times 15{\cdot}432 \times 50}{A} = \frac{109{\cdot}5556\text{---}}{A} = \text{No. of gr. per oz.}$$

But all the factors of the numerator of this fraction are clearly constants; the denominator alone is variable and determined by experiment. Clearly then having found A we have merely to divide it into 109.5556 --- (or practically 109.5—an easy number to remember) in order to get our result, thus avoiding the use of tables altogether. This multiplied into the number of ozs. passed gives the number of grains of sugar per day.

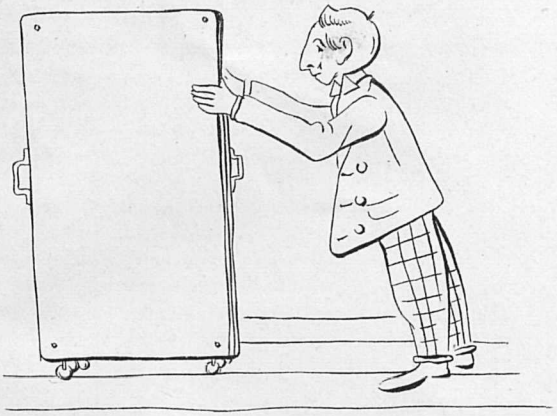
Of course if we have only diluted the urine 25 times we must take our fraction as $\frac{109.5}{2\,A}$.

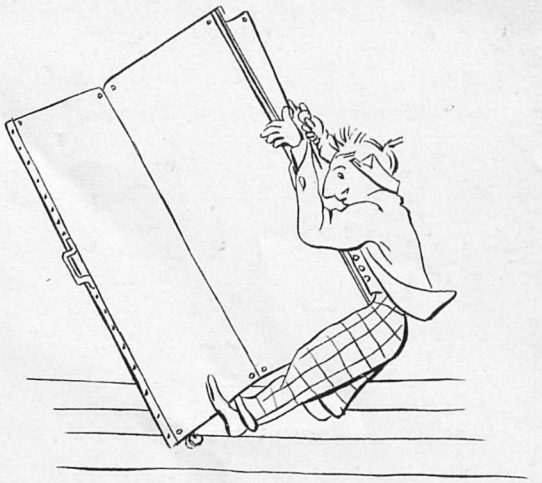
To take an example :—It is found that a patient passes 120 ozs. and that 3.5 cc. of diluted urine reduce 10 cc. Liq. Pavii.

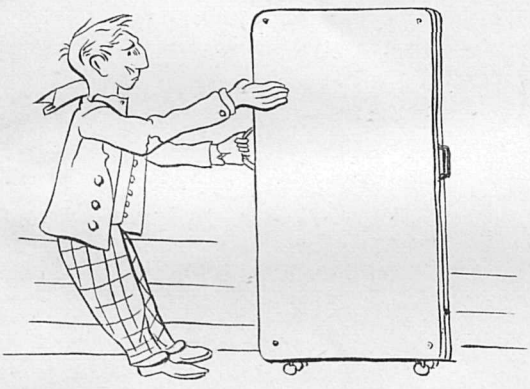
$$\text{Then } \frac{109{\cdot}5}{4{\cdot}5} \times 120 = \frac{21{\cdot}9}{{\cdot}3} \times 40 = 2920 \text{ grains in the day.}$$

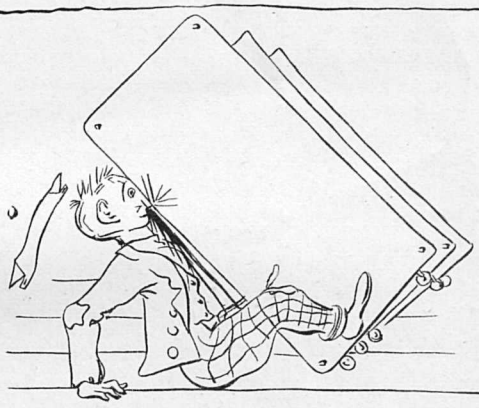
And while I am on the subject I should like to suggest that pipettes marked for 1 cc. be provided in the wards instead of the ordinary graduated measures with which it is impossible to measure out a single cc. of urine with any approach to accuracy. Again, in one ward at any rate, we had to dilute the urine in an enormous measure holding 250 cc. For this should be substituted one holding at most 100 cc. and narrower in proportion. A little attention to such details would vastly increase the accuracy of observations.

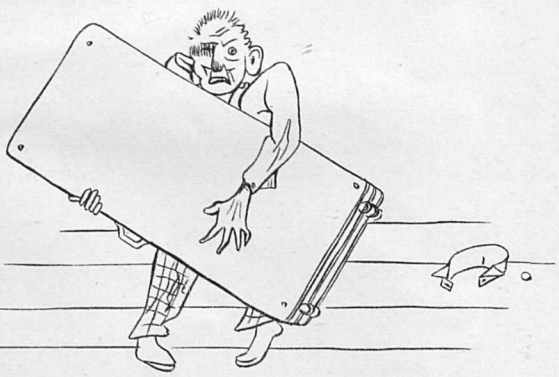
E. H. CARTWRIGHT.

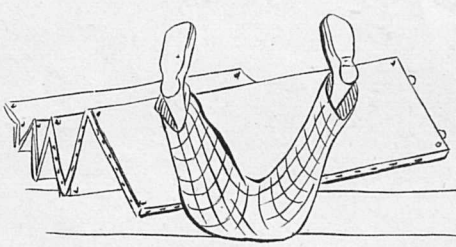


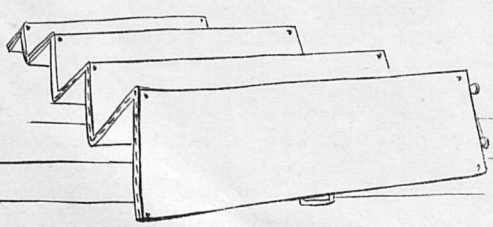


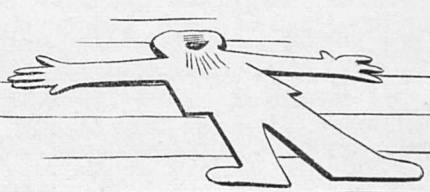












Review.

A Manual of Public Health, by A. Wynter Blyth (Macmillan & Co).—As a book of reference for all Medical Officers of Health, this volume is invaluable. It deals exhaustively with the application of all the laws of health, explaining the methods used in reporting on defective drainage, ill-ventilation, water supply, disposal of sewage, and all other nuisances which have to be dealt with by sanitary authorities. The author is already well known to the medical profession as a competent authority on all matters of Hygiene, and his statistics may therefore be accepted as reliable and will prove a great boon to practitioners. There are many chapters in the book which deal with the work for the D. P. H. examinations; and the description of the eruptive fevers, micro-parasitic diseases, and septicœmic maladies is most carefully prepared, and contains several remarks which prove Mr. Blyth to be a practical as well as theoretical student of the subject. Great care has been taken to bring the work up to current date, especially in some of the more scientific branches of study which are involved in public health work, and which are continually varying owing to increased knowledge; and the diagrams of appliances and the coloured plates of various micro-organisms and of diseased meat are most minutely and beautifully prepared. It is a wonderful *vâde mecum* for all the needs of a Medical Officer of Health, and is, in its preciseness and clearness, very useful for preparation for examinations.

Sport.

RUGBY FOOTBALL.

GUY'S v. KENSINGTON.

This match was played at Wood Lane on Saturday, Nov. 8th, and after a pleasant game resulted in a draw, each side scoring a try. Immediately after the kick-off a combined rush of the forwards resulted in Sheen gaining a try, and shortly before half-time Kensington were equally successful. During the second half nothing was scored. Of our team, Cooper at half played a strong game, and the forwards all played well. The three-quarters, however, were decidedly off colour.

The following constituted the Guy's team:—Back, E. S. Tuck; three-quarter backs, E. Reid, J. W. Ensor, and A. L. Roper; half-backs, H. Cooper and P. M. Jones; forwards, J. E. Biggs, E. T. Shorland, A. W. Sheen, W. H. Jewell, F. Cloud, C. S. Pantin, Clark, Robinson, and T. Nicholson.

GUY'S v. ROSSYLN PARK.

Played at Acton on Saturday, Nov. 15th. Guy's were defeated by two tries to *nil*. The Guy's forwards were better than their opponents and repeatedly rushed the ball into the latter's half, but were unsuccessful in obtaining a try. For us Thomas, forward, and Cooper and Jones at half played well, while Tuck at back played a very safe game, and is to be congratulated on his pluck and judgment.

TEAM:—Back, E. S. Tuck; three-quarter backs, E. Reid, J. W. Ensor, and A. L. Roper; half-backs, H. Cooper and P. M. Jones; forwards, E. T. Shorland, H. Rygate, A. W. Sheen, J. D. Thomas, F. Cloud, W. H. Jewell, C. S. Pantin, Clark, and Robinson.

ASSOCIATION.

GUY'S HOSPITAL v. PHILBERDS.

In this match, which was played at Maidenhead on November 12th, the Hospital team followed up their victory over the Casuals by beating their old opponents, the masters of the Philberds School, by four goals to two. It was a grand day for football, and we had forty or fifty spectators, who were rather one-sided in their applause. Fisher having won the toss, decided to play up the hill for the first half-time, and the Philberds started the ball. The play was very even to begin with, first one side attacking and then the other. About a quarter of an hour from the start their forwards rushed the ball down and scored a goal. "Off-side" was claimed, but not allowed. Soon after restarting, "A. C. Rock" scored for the Hospital from a scrimmage in front of goal; and just before half-time, from a very good long shot, the Philberds again scored—thus at half-time they had the advantage by two goals to one. On restarting, the Hospital, now playing down hill, soon showed their superiority and held the upper hand to the end. "A. C. Rock," after a dribble in front of goal, scored a second time. Sharp then made a magnificent run through all their men, and scored a third point for Guy's. Just before the end, the same player sent in a very hot shot, which scored the fourth and last point for the hospital, who therefore left the field, as stated above, victorious by 4 goals to 2. For the Hospital, Packer, at full back was in good form, and all the halves did excellent service, and tackled their forwards very well. A. C. Rock and Lawrence, at forward, too, were very good.

TEAM:—H. N. Collier, goal; O. J. Bradley and H. D. Packer, backs; A. M. Daniel, H. C. Sharp, and W. Poole, half-backs; W. H. Fisher (capt.) and "A. C. Rock," right wing; H. Hewetson, centre; G. Lawrence and C. J. Francis, left wing.

DE CERTAMINIBUS PAVIANIS.

O! great Zeus, patron of Olympic games, be thou propitious to my muse. I sing of feats which rival those of ancient Greece—of the Gymnasium Pavii. Ease, grace, and manly beauty, all are seen in that great hall of mighty deeds. Like the sights seen at the great palace hyaline of mighty wheels whirling on tight

stretched cords, known to the vulgar as wheels Catharine, the stout-limbed Guyites turned upon the bar entitled horizontal. Here the youths wielded mighty clubs, and there was one who poised a ponderous fifty-sixer. Horresco referens! the weight was dropped, and as it fell it trapped his finger.

At nunc horrentia Martis.

The noble champions stepped into the fateful corded square. The blows rained fast and fist encountered nose. The god of war was roused, and loud were the cries of first year's men who watched the fight over the railings of the gallery. Uncertain grew the blows, at first so quick and true. And like as when at midnight hour the well-dined roysterer, home returned, attempts with wavering and unsteady hand to fit into its wonted place the well-used latch key, so do those eager champions seek each one the other's nose. Time was the cry, and as 'twas six o'clock the combat ceased, and friendly feasting took the place of war.

OBTUSUS.

GERMAN homœopathists say that salt destroys the teeth. French doctors say it clears the blood. American doctors don't mention the matter, but charge it in the bill.

WHILE cross-examining Dr. Warren, a New York counsel declared that a doctor ought to be able to give an opinion of a disease without making mistakes. "They make fewer mistakes than the lawyers," responded the physician. "That's not so," said the counsellor; "but doctors' mistakes are buried six feet underground, a lawyer's are not." "No," replied Warren, "but they are sometimes hung as many as twelve feet above ground."

Death.

BEVAN.—On October 30th, at Rye Lane, Peckham, S.E., Adolphus Bevan, M.R.C.S., L S.A., aged 40.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. WELLS MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

A FIRST-CLASS COUNTRY PRACTICE for disposal. About an hour's ride from London. Receipts average for past 8 years over £2,000 per annum. Twelve months Partnership Introduction will be given, and two years' purchase required. Suitable for a married man with energy. Full investigation will be allowed to bonâ-fide purchaser.—For particulars, apply to Mr. WELLS, Medical Office, Guy's Hospital.

QUALIFIED ASSISTANT WANTED.—Large Town. North-east district of England. Thoroughly reliable man required. Salary indoors, £100, and 5*s.* on each Midwifery.—Apply J., Mr. WELLS, Guy's Hospital.

AN M.R.C.S. L.R.C.P., aged 28, wishes to meet with an Assistantship in middle class practice, with a view to partnership on easy terms, in London or south of England preferred. Fond of work, steady and reliable. Testimonials good.—Apply K., Mr. C. H. WELLS, Guy's Hospital.

A GUY'S MAN, practising in best part of West of England, is desirous of obtaining a Resident Patient, either child or adult. Every consideration given, and terms moderate. Apply in first instance to Mr. Wells, Medical Office, Guy's.

A Doubly Qualified Guy's Man, living in a healthy and bracing part of Devonshire, desires a Resident Patient, convalescent preferred. Shooting, fishing, tennis club near at hand.—Apply Dr. T., Morchard Bishop, Devon.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

COACHING. M.D. Lond., F.R.C.S. Eng., prepares Gentlemen for the London University, Fellowship, First, Second or Final Conjoint Examinations. Terms moderate.—Address, M.D., Park View, Alexandra Road, Upper Norwood.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

PRACTICE OR PARTNERSHIP.—Wanted by a Guy's man, M.B. Durham, M.R.C.S. Eng., Partnership with an elderly practitioner preferred; country town south or west of England. Advertiser has had considerable experience as Locum Tenens, Assistant, &c.—Apply, Mr. Wells, Medical Office, Guy's.

BOOKS! BOOKS! WANTED—in good condition, cheap. Cornil and Ranvier. Path. Vol II. Walsham's Surgery. Green's Path. Lewer's Dis. of Women. Galabin Manual of Mid. Hilton's Rest and Pain. Ziegler's Path. Must be last editions.—Apply Librarian.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

one of our most important lunatic Asylums, say they find a pipe or two before going to bed (the only smoking for which the day's work leaves time), insures them a good night. In work which is apt to over excite the imagination, painting, writing, perhaps we may add dissecting, it has been found of real assistance. "My pen runs riot unless I smoke" says one writer, and similarly George Sand could write nothing coherent unless she was smoking. Millais, Herkomer, and the majority of the great painters of the day are great smokers.

Or again, it may be that its acting as a digestive after meals may account for its great vogue in some degree. King James himself says that if he ever had occasion to be civil to the devil and ask him to dinner, he would give him three courses, a pig, a poultice of mustard and a pipe of tobacco for digestion. Again, the poet in 1640, "It helpeth digestion of that there's no question, the gout and the toothache it easeth." And its bitterest foes cannot but admit this. The Salivation it brings about means reflexly a flow of gastric juice, and no one who smokes does not know this.

Its aperient action which can be directly traced to the Physiological action of Nicotine, may be another recommendation.

But beyond and above all this there seems to be something in the moderate use of tobacco, that defies analysis. If you ask those who owe most to their tobacco, to formulate the reasons for which they smoke, they certainly cannot do it. And the secret lies in this. Nicotine we have seen can affect us in a great variety of ways: it is a poison, that in minute doses our bodies very soon tolerate; use leaves it no conspicuous bad effect, for in addition to our power of tolerating it, we can and do excrete it rapidly in many ways, and once excreted it leaves no sting behind. It can only titillate a thousand senses. And then, just as there is no telling which out of the many forms of its activity may give trouble, when the bounds of tolerance are defied, so within those bounds it is now one form now another that gives the gratifying sensation. The enjoyment derived from smoking varies with the weather, with the air we breathe, with the society in which we smoke, but above all with the many moods of health.

ACTINOMYCOSIS OF THE TONGUE.

A few cases of this disease have been published in recent foreign journals as occurring in man, though its existence in animals has been long known. An abstract of these reports may be interesting to our readers.

Case I.

A man, aged 56, had noticed a swelling in the tongue for a fortnight. It steadily enlarged, and on admission was about the size of a hazel nut. On examination there was a tumour in the tongue, occupying the whole thickness of the organ, and situated about half-an-inch from the tip. The under portion of the swelling was firm in consistency, but on the dorsum linguæ it felt soft and almost fluctuated. In the latter situation it subsequently discharged matter, which under the microscope revealed the characteristic ray-fungus. There was an enlarged gland in the submaxillary region. Partial excision of the tongue was performed, and the gland was removed. The wound healed rapidly, and a year later there was no sign of recurrence. On enquiry it was found that the patient kept a cow which had had some disease of its jaw for nearly eight months.

Case II.

A man, aged 54, had noticed for many weeks the gradual enlargement of a tumour in the tip of the tongue. It had given rise to no pain, and was at first hard, but latterly it had softened considerably.

On admission there was a tumour the size of a pigeon's egg, situated in the right half of the tongue about half-an-inch from its tip, and extending far back in the substance of the organ. It was firm, not fluctuating, and was covered with healthy mucous membrane. The submaxillary glands were slightly swollen. The tumour was punctured, and the material removed was found to contain actinomyces; one half of the tongue was therefore excised. The wound healed satisfactorily, and the glandular swelling speedily subsided.

In this case no history of infection was obtained.

Case III.

This was a man, aged 30, who accidentally noticed a hard nodule in the tip of his tongue. It was laid open by an incision, and some soft crumbling material removed, which contained the fungus. It appeared that the patient had two cows to look after; one of these had been ailing for two months with an abscess of the jaw which the patient had lanced.

Case IV.

A countryman had a firm elastic tumour of the tongue, the size of a cherry, situated in the right border of the organ. It was excised, and on histological examination was found to contain actinomyces. In this case also, there was a history of probable infection from a diseased cow.

Remarks.—These four cases are examples of primary disease of the tongue. In animals the tongue is not unfrequently affected secondarily, by extension from the jaws. From these brief notes it will be observed that there are no very characteristic clinical features of lingual actinomycosis in man, and that the disease might easily be mistaken for chronic abscess, gumma, sarcoma, and various innocent tumours of the tongue. They also suggest the importance of examining any obscure swelling of the tongue by an exploratory puncture, and putting some of the material removed under a microscope.

Perhaps the most probable diagnosis of such an obscure swelling would be, in the order of frequency, gumma, chronic abscess or cyst, sarcoma, or actinomycosis.

T.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—In a recent number of the "*London Times*," I find the advertisement of the Dean of "Guy's" Hospital. I also understand from the advertisement that you have a College department connected with it. The many inducements you offer, a hungering and thirsting for knowledge that I fane would satisfy, are the reasons that impel me to write you. To begin with, I am a Negro, one of the race that has received, and is receiving, such inhuman treatment from the great body of the American people. In our poverty and our ignorance we are helpless, and some of us have tasted of some of the sweets of an education only to hunger and thirst for more. We have learned to know that it is only the intelligance and the virtue of a people that will win for them recognition among the nations of the earth. There are those of us who have a sincere, and earnest desire for education. It is not a selfish desire to appropriate to ourselves this great blessing, and to leave the great body of our people in ignorance and darkness, but that we may aid in the bettering and the ameliorating of their suffering condition. But we are poor. And, surely, we are not wholly to blame, for ignorance and poverty were our fathers only bequests to us. But I have wandered from original intention. I am poor; I am, in a measure, ignorant, and I have a desire for a better and more complete education, and this is the reason I make this appeal to you. I know something of the benevolence and liberality of the English people. I know they are kind-hearted and are well disposed toward my people. I believe there are philanthropists in England who would help me if they knew of my desire for an education. I would like to enter your College or one of like kind in England. If you could not assist me, would you be so kind as to place this letter in the hands of benevolent person or persons who could? I would not forget so kind an act, and I would one day repay to the full measure their generosity and benevolence. I am one of a large family, my parents being unable to further care for me. I am only nineteen years of age. I have some education, having a slight knowledge of Latin and Greek. I can give the best of references as to merit and worth. Professor Wm. Hastings, my old instructor at Maryville, Tennessee, will be pleased to answer any questions concerning me. Hoping your co-operation and assistance in this matter, and wishing to hear from you soon.—I remain, Respectfully yours, C.

Dear Sir,—The debate at the last meeting of the Physical Society having been so successful, is it not possible to arrange a few more on the same lines? If instead of papers on "Spinal Caries," "Inguinal Colotomy," &c., which are of no interest to first, second, and the majority of third years men, some subject connected with medical science—such as cremation, hypnotism, vivisection, evolution—were selected for discussion, I am sure it would tend to make the Society much more popular than it is at present.—Yours, &c.,

LEONARD A. PARRY.

WE HEAR

That Mr. J. H. Bryant has been awarded the Gold Medal in Medicine at the Final M.B. Examination, at London University, and has once more proved the superiority of Guy's clinical teaching to that of any other Hospital.

That perambulators were waiting in the colonnade for the infants who disported themselves amongst the dirty snow heaps outside Bett's apartments last Saturday.

That the Residents have had roast beef again for dinner.

That notwithstanding the extreme severity of the weather, a fine specimen of the *genus* bluebottle has been buzzing round the wards. It is peculiar in having a bilobed tail, and can draw blood even with gloves on.

That the new fire-water fetish is *Mist. Bismuthi Sed* and not *Mist. Acidi Co.*

That the Philip cat has had a rigor.

That Mr. Winston, sometime of this Hospital, has taken his B.Sc.

That several libel actions are pending against the Editors of this paper, and Students are therefore earnestly requested to pay their subscriptions as speedily as possible to defray legal expenses.

That Mr. (West of England) agrees with W.K.S. that this paper is a poor kind of "Truth."

That the nigger troupe will be a great success this year.

That several friends of ours were very disappointed at not being able to speak at the Physical Society's meeting last Saturday.

That the following lines appear in one of the Surgical Ward Clerk's reports—"Abstract of Autopsy.—Patient was in 'Philip Ward' three weeks ago, which accounted for finding 60 ounces of fluid in the right side of chest." What unconscious irony!

That the following conversation took place a few days ago in a surgical ward. *Distressed Female Patient:* "Oh, sir, I hope there's nothing the matter with my brain." *Dresser* (examining a tumour in groin): "Certainly not, my good woman." *D. F. P.:* Oh, sir, I am so glad, I thought you said *Mental* Hernia.

That Mr. Paget has been elected House Physician to the Leicester County Hospital and Infirmary, and we congratulate the Committee on having captured a good man for the post.

Passim.

The next meeting of the Physical Society will be held in the Chemical Theatre, on Saturday, December 13th, at 7.30 p.m., when Mr. A. S. Wohlmann will read a paper on "Some Recent Poisoning Cases at Guy's." After a brief survey of the cases of poisoning generally which have been admitted into the Hospital during the last three years, some cases of poisoning by Zinc and Hydrochloric Acid will be considered more in detail.

The Exhibits Committee of the Physical Society will be glad if members who are willing to lend slides, photographs, drawings, and any other objects of interest will communicate with them, or leave their exhibits with the Librarian not later than noon on Saturday next, who will return them to their respective owners on the following Monday morning. The exhibits will be on view from 7 to 7.30 p.m. in the Chemical Theatre, and also at the close of the meeting.

The first of the new series of debates at the Physical Society took place last Saturday, and was on the whole a great success. A full account of it will be found in another column. There was no lack of interest among the members present; in fact the time had to be prolonged to accommodate the speakers. But debating requires practice, and no doubt we shall improve as we go on. One point, however, cannot be too much insisted upon, and that is the necessity of keeping strictly to the question at issue. The introduction of political, religious, and other irrelevant matters should on no account be permitted.

We heartily congratulate the gentlemen who have so distinguished themselves in the Honours Examination of the London M.B., and we hope to have the opportunity of recording a long list of successes in our next. The present issue contains the annual clinical conundrums which have been puzzling some of us this week. Who will supply us with the solutions?

We are pleased to inform our readers that the usual arrangements have been made with our Printers, Messrs. Ash & Co., for binding volume IV. of the Gazette. Subscribers leaving complete sets with the Librarian can have them bound in blue, with the arms of the Hospital in gold, for One Shilling and Sixpence each.

The Council of the British Medical Temperance Association have announced that the Annual Examination on Alcohol and its Physiological and Pathological action on the body will be held on February 27th, 1891, in London and elsewhere, by written papers. Candidates must be registered Medical Students in their third year, and must send in their names to Dr. Ridge, Carlton House, Enfield. Prizes of £10 and £5 will be competed for.

During the past few days a filter, enclosed in a tasteful casket and mounted on a handsomely carved oak bracket, has been fixed in the library, thus placing within easy reach of any one who wants it, a glass of "fair water." This is the response to a request for a filter, numerously signed by frequenters of the library, addressed some time ago to the Library Committee. The Treasurer, on the recommendation of the Committee, having liberally sanctioned a considerable outlay for the purpose, a Pasteur-Chamberland filter has been procured, that being considered the best of any now in use. The water is filtered by forcing it through porous porcelain, a method by which, so the inventors claim, the water is absolutely sterilized—no germ, be it ever so enterprising, being able to force a passage. Very well, then. Perfect purity being attained, and, as the filter is connected with the main water supply, constant freshness and coolness added, the net result is

almost, if not absolute, perfection. No one need, therefore, have his draught embittered by any misgivings, but may here quaff again and again with the most confiding equanimity. After being in use for a time the filter may be restored to complete efficiency by simply removing the porcelain tubes and washing off the arrested impurities from the surface.

We have in this issue inserted a little slip of green paper, which, without further comment from us, will remind our subscribers that the Gazette is about to enter upon another year of its renewed existence. The present moment appears to us most opportune to tender our best thanks to all those who have supported us in the past, and we venture to express our firm conviction that they will continue to do so in the future, both by subscriptions and MSS. notes, and that by the end of the present month we hope to find our exchequer well in funds, and our hearts cheered by the overwhelming promptness of the replies to our *green* canaries.

PASS LIST.

LONDON UNIVERSITY, M.B. HONOURS.

Medicine, 1st Class.

Bryant, J. H. (Gold Medal). Evans, P. C.

3rd Class.

Richards, J. S.

Medical Jurisprudence, 1st Class.

Bryant, J. H.

3rd Class.

Stevens, T. G. Evans, P. C.

Obstetric Medicine, 1st Class

Evans, P. C.

2nd Class.

Hall, F. W. Richards, J. S.

Robertson, J.

3rd Class.

Fawcett, J.

ROYAL COLLEGE OF SURGEONS.

Final Fellowship.

Mothersole, R. D.

GUY'S HOSPITAL DENTAL DEPARTMENT.

Analysis of Work done for October, 1890.

	Days of Month.																															
	1	2	3	4	6	7	8	9	10	11	13	14	15	16	17	18	20	21	22	23	24	25	27	28	29	30	31	Total.
Extractions, Ordinary ...	16	13	10	21	29	20	5	16	19	14	18	13	21	13	10	7	18	17	13	18	8	17	12	16	16	12	4	396
" Gas ...	13	18	2	9	12	20	15	11	9	14	16	26	23	25	8	11	24	35	10	16	5	14	12	8	5	24	8	393
Gold " Fillings ...	2	3	1	3	0	1	2	3	2	2	5	4	2	3	3	3	4	6	3	2	1	0	2	6	4	6	3	76
Amalgam. " ...	1	0	1	2	1	2	1	2	0	3	0	1	3	3	0	0	0	4	0	1	3	9	8	1	4	3	5	38
Osteo " ...	4	0	4	0	5	1	1	3	2	4	2	0	1	6	2	0	0	5	6	2	5	1	2	6	5	4	5	74
Temp. G.P. " ...	6	1	2	6	1	2	3	1	2	4	0	1	3	7	3	0	0	5	6	2	5	5	1	2	6	5	4	88
Perm. G.P. " ...	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	1	0	0	6
Scaling	0	0	2	0	0	1	0	1	0	3	2	1	0	0	0	0	3	0	2	6	1	0	3	0	0	1	0	21
Advice	3	3	1	1	1	6	0	3	0	5	2	8	1	7	1	6	2	2	1	0	2	5	0	1	1	0	1	63
Crowns	0	0	0	1	0	0	0	0	1	0	1	2	0	0	0	2	2	4	0	0	1	0	2	0	1	1	1	19
Regulations ...	2	0	0	0	1	0	1	0	0	0	2	5	0	1	0	2	0	3	2	0	1	0	2	1	4	1	0	30
Splints	0	0	0	0	0	0	1	1	0	0	0	1	1	1	0	0	4	1	0	0	1	0	0	0	0	0	0	10
Dentures	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	4	1	0	0	1	0	0	0	0	0	0	0	9
Dressings	3	1	1	5	1	2	3	1	3	5	2	2	3	5	5	1	6	6	5	5	5	3	1	3	6	4	3	90
Attendos.	50	39	24	49	51	55	33	42	42	55	49	65	59	70	34	34	68	83	43	50	32	52	45	47	50	59	33	1313

FRED. W. TA'BOIS, Jun., Assistant Dental House-Surgeon.

Physical Society.

A meeting of this Society was held on Saturday, November 29th, Mr. J. M. Gill, M.B., in the Chair, 51 members being present. Mr. F. G. Hopkins, B.Sc., read a paper in support of his motion that the additional year added to the medical curriculum should be devoted to the practical study of the experimental sciences rather than strictly professional subjects. He thought that anyone who wished to obtain a qualification in the shortest possible time, did so at the expense of his general reading, social life, or health, or perhaps all three. He contested a statement made by Professor Huxley, 20 years ago, that anyone who added to the curriculum one iota more than was absolutely necessary, was guilty of a grave offence; while he could not conceal from himself the value of Science as a means of culture, he thought the crying need of medicine at the present day was a very extensive series of accurate observations of small lesions, upon which alone a perfect pathology could be founded. He instanced the worthless character from an educational point of view of two of the so-called practical courses, viz.:—Practical Chemistry which was a sort of game to be played against the examiner with test tubes and tables for pieces, and Histology, or rather the Art of Spotting. From personal experience he was painfully aware how terribly approximate the estimations of sugar, &c., usually were, and regretted to think how much might yet be learned from an examination of the normal excretions which at present ran to waste down the drains. The whole question was really one of proportion. It was Science which was the heritage with which art should labour, and if we would set about storing up knowledge for our successors to utilize, they would not have to travel to Paris and Berlin to study the treatment of hydrophobia and tuberculosis

Mr. T. R. Taylor, B.Sc., in opposing the motion, admitted that Science was useful to the profession and had its pleasures, but so were many things—art for instance; or again, what could be more sublime than music? (Cheers.) The echo, which came from the father of medicine, was truer than ever now.* For since he said the art was long, it had grown many times longer, but life was as short as ever. It was not Science that had discovered the value of mercury, salicin and quinine in syphilis, rheumatism and ague respectively. Whatever abuse might be laid upon empiricism, it certainly cured patients. Of what value were theories of dicrotism, &c., at the bed side? He thought pure science out of place in a medical school, and ought to be studied, if desired, before entering a medical school at all.

Mr. W. K. Steele expected Mr. Hopkins would some day endeavour to explain the anatomy of sarcoma by some wonderful theory of physiological pigments. After some personal remarks about one of his colleagues who had greatly distinguished himself in Science, some sneers at the Guy's Gazette, and a quotation from the Latin Primer, he declared that the present system was none other than a method of turning out qualified paupers, so that eventually the most a man could do was to put up a red lamp in common with a fire-escape or a urinal.

Mr. A. T. Rake was of opinion that the entrance examination to the profession should be made stiffer, and should be devoted to Science rather than Arts. Scientific study added very much to the pleasures of life; to the botanist every wayside flower was an old friend, while, as an example of the interest morphology lent to anatomy, he cited the fibro-cartilage of the jaw, which we no longer regard as a provision for enabling animals to hear whilst eating, but as a modified portion of the tendon of the external pterygoid muscle.

Mr. T. B. P. Davies asked what was the use of Science in the trifling cases to which Mr. Hopkins alluded or how could knowing the number of caudal vertebrae in the rabbit, or the internal arrangements of the liver fluke or snail help one to cure disease? By all means let any one who wanted it spend an extra year in this way, but let it not be made compulsory.

Mr. R. Henderson thought the statement that scientific theories were no good, was strikingly disproved by the two greater achievements of the present century, namely, chloroform and antisepsis.

Mr. D. S. Long thought it was a lamentable fact that so small a proportion of those who entered as students ever became qualified. He would certainly make the preliminary examination harder, but allow greater latitude of subjects. We must know the cause of a disease before we could expect to cure it.

Mr. E. H. Cartwright thought the educational value of a single extra year would not be anything very great. It was quite possible for a man to take up a special branch after he had already been in general practice, Koch and MacMunn having both done so. Anatomy was essential, but anatomy was not "pure science:" physiology on the other hand was of little practical value.

Mr. W. T. B. Donnelly thought a man ought to do Science before coming to a hospital. The special departments, such as the eye and throat must not be neglected, and these could not be properly studied without an extra year.

Mr. C. F. Wakefield thought it was a weak point in the opposition in that they admitted that a man ought to have some scientific training, but suggested that he should get it before coming to a hospital. He thought a man ought to have some sort of notion as to why a lung conducted sound differently under different conditions.

Mr. Guy Mackeson thought all teaching should be at the bedside, and ought to be a combination of clinical and scientific. So far from dyspepsia being in want of scientific observation, it was now treated on most scientific principles, every physician supplying his patients with a list of forbidden dishes, to enable them to settle all questions of diet satisfactorily. The standard of the entrance examinations certainly ought to be raised.

* Βραχὺς ὁ βίος, ἡ δὲ τέχνη μακρά.—Hippocrates.

Mr. A. J. Sharp remarked that whatever the year was devoted to, improvement was certain. Medical men were not charged with being unbusinesslike and unmethodical without reason, and he was especially struck by the inexcusable misprints which disfigured every medical work he had so far come across. Training to habits of accuracy ought to improve this. The hopeless incapacity of the lay mind to appreciate in the least anything scientific was a great stumbling block in the way of the progress of thought. The profession diffused throughout the land ought to be a great power for good in this respect, if they were themselves first initiated.

After Mr. Hopkins had briefly replied, a show of hands was taken, 23 voted for the motion and 28 against. An enthusiastic vote of thanks to Messrs. Hopkins and Taylor closed the meeting.

SMOKING CONCERT IN THE COLLEGE

The second concert of the season was held in the Smoking Room of the College on Saturday, November 22nd. The audience, which was considerably larger than on the former occasion, taxed the sitting accommodation of the room to the utmost, and a more kind and appreciative audience than was gathered together that night no performer could desire.

As the seductive "lotion" circled round and the smoke began to rise from countless seasoned pipes, every man settled down to the business of the evening and smote his hands together until his palms ached again.

The small boys from the wilds of Maze Pond soon gathered together in great force outside the windows overlooking the Smoking Room, forming a regular gallery audience, but were so far able to curb their enthusiasm as to refrain from thrusting their heads in at the windows and shouting out in the middle of a recitation, as they did on the previous occasion.

Mr. Lulham, in his musical sketches, described the woes of the bachelor householder, and encored again and again, ever rose to the occasion with an additional chapter to his story. His song of the poor unfortunate little slavey was really quite pathetic; it was rather like coming across the "Song of a Shirt" in a volume of Hood's comic poems.

Mr. Peake volunteered the "Lost Chord" as a cornet solo, while Mr. Coulson was, as ever, well to the fore. Several visitors were kind enough to assist, and of these, Mr. Stevens, brother of the renowned "T. G.," in describing the modus operandi of the street quack, shewed a glibness of speech and power of imitation that brought down a storm of encores from the house, and would stand him in good stead if ever he should seriously take to that line of business, not an unprofitable one by the way.

Mr. Mackeson proved invaluable at the piano, accompanying all sorts and conditions of songs at a moment's notice, and throwing in a song himself as occasion arose.

The next monthly concert falling due about Christmas time, will probably be merged in the general epidemic of concerts that breaks out at that festive season.

AN OUTSIDER'S IDEA OF THE DEBATE OF THE 29th.

I was at such a funny meeting the other night at Guy's. It reminded me somewhat of "Alice in Wonderland." The object of the meeting was to discuss the proposition, "That the Medical Curriculum should be extended by one year, and that this time be devoted to pure science rather than to professional subjects." The aim of the speakers seemed to be to raise a laugh, and the proposition finally put to the meeting was:—"Granting that a fifth year be added to the curriculum, this year should be devoted rather to pure science than to clinical work." The debate was opened by a gentleman who read a neat paper on accurate thermometry, specific gravity, Mr. Lawson Tait, and the estimation of sugar in diabetes. He was promptly answered by a speaker, who struck out an entirely new line, and who discoursed on Art and Music, and informed the audience that the human life had not grown longer since the days of Hippocrates.

An attack upon the Gazette, and a quotation from the Latin Grammar, formed the text of the next speech. My head began to whirl, when an excited speaker, evidently a Welshman, sprang to his feet, burst into eloquence, and suddenly and unexpectedly collapsed. A gentleman who then rose informed the Welsh student that he evidently knew nothing of comparative anatomy.

Then came the great hit of the evening, a really great blow to somebody—at least I thought it was meant to be one, and applauded noisily in consequence. A man of evidently superior attainments informed the meeting that the discoverer of chloroform probably knew some chemistry, but he was not quite sure of this fact. The front bench next contributed a speaker, who called one of his opponents a hypocrite, and then, as I thought the debate was beginning in earnest, I gripped my argument well by the handle. But, alas! the gentleman grew tamer, and his opponent only laughed at him, and he also sank to rest. The Gazette was defended on the *Tu quoque!* principle, and the gallant defender told a tale about fricassee of chicken which didn't seem very relevant, and compared science to oyster eating. Sleep now came to my aid, and saved me from a headache. I woke in time to hear that the meeting was called upon for a show of hands, and it suddenly dawned upon me that there were two distinct parties; and after voting both for and against the proposition, I was somewhat puzzled to find that both parties considered themselves victorious, although the opposition was said to have polled the heaviest.

Better than he thought.—Patient: "That medicine you gave me for my cold, doctor cured me entirely." Doctor (in surprise): "Did it; well, blamed if I don't believe I'll try it myself. I can't get rid of mine."

Sport.

ASSOCIATION FOOTBALL.

GUY'S HOSPITAL v. CITY RAMBLERS.

This match was played between the above clubs on Wednesday, November 26th, on the ground of the latter at Silver Street, Edmonton. The City Ramblers, after a rather unsatisfactory game on account of the referee's decisions, won by four goals to three. They obtained all their goals in the first half-time, the first two within ten minutes of the start, both being shot by men palpably "off side," but the referee allowed the points. The Hospital forwards several times rushed the ball down the ground, but were unable to score a point, and at half-time the City Ramblers were four goals to nil. During the second half the Hospital team got much better together, and scored three goals, Francis "doing the trick" first of all, quickly followed by Thurston, and nearer the end Hewetson "notched" the third point. Towards the end of the game it got dusk and neither side scored again. The Hospital team played well in the second half, but, as has often happened before, they allowed their opponents to get too big a lead during the early part of the game.

TEAM.—H. N. Collier, goal; V. Pendred and H. D. Packer, backs; W. Poole, H. F. Hinton and H. S. Williams, half-backs; H. Hewetson and H. G. Thurston, right wing; G. Lawrence, centre; C. J. Francis and R. C. Kirkby, left wing.

GUY'S HOSPITAL v. BARNES.

This match was played on our ground at Raynes Park, on Saturday, November 22nd. The Hospital were rather poorly represented in the forward division, though they were strong behind, which accounts for the number of goals scored being so few; in fact, only one goal was obtained at all by either side all through the game, which was got by the Hospital within five minutes of time. The play in the first half-time was of a fairly even nature, the Hospital having to play against the wind. But in the second half, having the wind with them, the representatives of the Hospital attacked their opponents' goal constantly, but failed to score until near the end, when Lawrence rushed the ball down the ground, and passing to Pendred, the latter scored the only point obtained in the game. Where all the team played up well and energetically, it is hard to pick out individuals, but Frith and Sharp, at full-back and half-back respectively, were particularly strong.

TEAM.—H. N. Collier, goal; W. S. Frith and H. D. Packer, full backs; O. J. Bradley, H. C. Sharp and W. Poole, half-backs; G. Lawrence and H. Hewetson, right wing; B. Pendred, centre; R. C. Kirkby and C. J. Francis, left wing. R. M. Stamford, umpire.

RUGBY FOOTBALL.

GUY'S v. EAST SHEEN.

This annual match was played at Richmond on Wednesday, November 26th. The frost had by no means improved the ground for play, which perhaps may account for the bad tackling shown by both sides. East Sheen kicked off against a strong wind, play settling down in their 25, where it remained for the most part until half-time. Cooper gained the first try after a good dribble by Jewell, he again got right away, but the opportunity was lost through no one backing him up. Biggs placed a second try to our credit by running round in grand style. Guy's still pressed, Cooper and Bettington making strenuous efforts to score. Half-time showed us leading by two tries to nil. Re-starting against the wind, Bettington made the run of the match, placing the ball between the uprights, the kick at goal was a miserable failure. East Sheen now had their turn, crossing our line three times, but none of the tries were improved upon. Biggs charging down the last attempt none too soon. Our men now awoke, but could not score, the match thus ending in a draw of three tries all. The back defence was far from good, but the forwards must remember to do their share of the tackling and get across the field quicker. Bettington was most prominent, and of the rest, perhaps Cooper, Sheen, Jewell and Instone, were the pick.

TEAM.—C. E. Carpmael, back; J. H. Bettington, E. Reid, J. J. E. Biggs (capt.), J. W. Ensor, three-quarter; H. Cooper, and M. P. Jones, half-backs; A. W. Sheen, F. Cloud, T. M. Nicholson, N. Instone, W. E. Robinson, R. F. Clarke, W. H. Jewell and T. G. Sherringham, forwards.

CRICKET.

The Annual General Meeting of Guy's Hospital Cricket Club was held in the Anatomical Theatre on Friday, November 28th, A. E. Durham, Esq., F.R.C.S., in the chair, when the following important motions were passed:—(1) That the post of Honorary Secretary and Treasurer be for the future amalgamated and held under the title of Honorary Secretary.

Proposed by Mr. E. Reid
Seconded by Mr. Colclough.

(2) That caps be instituted in connection with the Cricket Club on the lines of those at present given to the Rugby Football team. That the selection of this cap be left in the hands of the Cricket Club Committee, and also that the privilege of possessing this cap be extended to members of past Cup teams.

Proposed by Mr. Reid.
Seconded by Mr. F. M. Russell.

The following Gentlemen were elected officers for the ensuing season:—President: A. E. Durham, Esq., F.R.C.S.; Captain: Mr. Edgar Reid; Vice-Captain:

Mr. C. R. Lucas; Hon. Sec.: Mr. H. Bettington; Captain 2nd XI.: Mr. W. H. Jewell; Hon. Sec. and Vice-Captain, 2nd XI.: Mr. R. H. Fagge. Committee: Senior—Mr. W. J. Scott, Mr. F. M. Russell; 4th year—Mr. Austen Smith, Mr. Jackson Lang; 3rd year—Mr. H. Cooper, Mr. J. B. Bettington; 2nd year — Wm. H. Hewetson, C. H. Fagge.

J. H. Bettington, (*Hon Sec.*)

APPOINTMENTS.

Brock, Mr. Ernest, has been re-appointed Resident Medical Officer to the Royal Hospital for Diseases of the Chest, City Road.

Hogarth, Bertram W., M.R.C.S., L.R.C.P., has been appointed House-Surgeon and Secretary to the Hospital, King's Lynn, vice F. Bulman.

Births.

COLQUHOUN.—On November 22nd, at "Glenavon," Stoke Newington Common, the wife of W. B. Colquhoun, L.R.C.P., of a son.

PERKINS.—On September 20th, at "Beaconsfield," Patea, New Zealand, the wife of Alfred Temple Perkins, M.R.C.S., Eng., L.R.C.P., Edin., of a son.

PESKETT.—On Nov. 18th, at "Oakover," Burnham, Somerset, the wife of A. W. Chalmers Peskett, M.B., B.C., Cantab., of a daughter.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. Wells, Medical Office, Guy's Hospital, S.E.

LONDON.—NON-DISPENSING PRACTICE for transfer. Receipts average £1,700 per annum. There is very little night work; the practice is easily worked, and has not been pushed. The books have been well kept, the bad debts do not amount to 2 per cent. of the earnings. The incomer should possess an M.D. degree, and have had some years' experience in good class practice. Eighteen months' introduction will be given, and two-and-a-half years' purchase required.—Address, Mr. C. H. Wells, Guy's Hospital, S.E.

ASSISTANTSHIPS.—Gentlemen desirous of taking an Assistantship should apply at the Medical Office without delay, as at the present time there are five vacant salaries ranging from £200 downwards. Two vacancies are for Welsh speaking assistants.

QUALIFIED ASSISTANT WANTED.—Large Town. North-east district of England. Thoroughly reliable man required. Salary indoors, £100, and 5*s.* on each Midwifery.—Apply J., Mr. Wells, Guy's Hospital.

AN M.R.C.S. L.R.C.P., aged 28, wishes to meet with an Assistantship in middle class practice, with a view to partnership on easy terms, in London or south of England preferred. Fond of work, steady and reliable. Testimonials good.—Apply K., Mr. C. H. Wells, Guy's Hospital.

A GUY'S MAN, practising in best part of West of England, is desirous of obtaining a Resident Patient, either child or adult. Every consideration given, and terms moderate. Apply in first instance to Mr. Wells, Medical Office, Guy's.

A Doubly Qualified Guy's Man, living in a healthy and bracing part of Devonshire, desires a Resident Patient, convalescent preferred. Shooting, fishing, tennis club near at hand.—Apply Dr. T., Morchard Bishop, Devon.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

COACHING.—M.D. Lond., F.R.C.S. Eng., prepares Gentlemen for the London University, Fellowship, First, Second or Final Conjoint Examinations. Terms moderate.—Address, M.D., Park View, Alexandra Road, Upper Norwood.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

PRACTICE OR PARTNERSHIP.—Wanted by a Guy's man, M.B. Durham, M.R.C.S. Eng., Partnership with an elderly practitioner preferred; country town south or west of England. Advertiser has had considerable experience as Locum Tenens, Assistant, &c.—Apply, Mr. Wells, Medical Office, Guy's.

BOOKS! BOOKS! WANTED—in good condition; cheap. Cornil and Ranvier. Path. Vol. II. Walsham's Surgery. Green's Path. Lewer's Dis. of Women. Galabin Manual of Mid. Hilton's Rest and Pain. Ziegler's Path. Must be last editions.—Apply Librarian.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

suggestion that gravity would drive all the fluid to the pyloric end, and the irritation of the acid would set up vigorous peristalsis from left to right, and would also stimulate the pylorus to contract, and so the acid would for the time, be hemmed in and would do its worst at that spot. He illustrated this and other cases by paintings and museum specimens, and summed up the principal symptoms in the five cases which he selected.

1. Pain in the mouth and throat, extending down behind the sternum to the epigastrium.
2. Either dry swelling of the tongue, or blanching of the mucous membrane of the mouth, followed by excoriation. Excoriations also about the lips and angles of the mouth.
3. Vomiting, the vomit generally containing blood.
4. Collapse and sometimes dyspnœa.
5. Great thirst.

In conclusion he recommended the following general modes of treatment in poisoning cases :—

1. Remove the poison from the stomach as quickly as possible, either by the stomach pump or by emetics.
2. Neutralize any irremovable portions of poison by some appropriate antidote.
3. Afford, if possible, some bland protective coating to the gastric mucous membrane.
4. Give the stomach physiological rest, so that nature may have time to repair the injuries already caused.

MR. HOPKINS congratulated the reader of the paper on his skill in dealing with the subject, and commented severely on the slovenly manner in which general practitioners, as a rule, recorded the symptoms and post-mortem results of cases of suspected poisoning. He instanced a case of poisoning with liquid chloroform which occurred some time ago in Pimlico, and stated that when the viscera were taken from their jar by the analytical expert who had charge of the case, they smelt so strongly of chloroform that he supposed the doctor who had made the post-mortem had added it to preserve them as *no mention of the smell of Chloroform* was found in his report; and it was only after telegraphing to the doctor that they learnt that he had not attempted to preserve them in this way, and that the prisoner had been suspected of using Chloroform as the toxic agent. The case of Lipski, who had poisoned a woman with strong nitric acid, also bore testimony to the good of careful and accurate observations. It was discovered that the stains on the prisoner's blue coat were, some of them, red instead of yellow, (as they would have been had pure nitric acid been spilt on them). An analysis was then made of the remainder of the fluid found in the bottle labelled nitric acid and it was found to contain sulphuric acid as well. An analysis was then made of the nitric acid sold at all the oil shops in the neighbourhood and a specimen from *one* of them was found also to contain a considerable amount of sulphuric acid, and by means of this evidence, the police were able to prove that this was the very shop where Lipski had bought the acid with which to kill his victim. The speaker said he wished all the medical profession would be as clear and concise as Mr. Wohlmann had been, and would also take the trouble to label their specimens properly, and also to add a preservative; as it required very strong nerves to open a jar which contained viscera a fortnight old.

MR. MACKESON thought that cases of poisoning from diseased or putrefying meat or fish were much more common in general practice than cases of poisoning by drugs or acids. He instanced trichinosis, and the care taken in Germany to prevent its occurrence. He also referred to poisoning by the tin or lead dissolved by the vinegar used in tinned salmon or lobster, and spoke very strongly on the habits of etheromania and alcoholism.

MR. DALDY said he wished Mr. Wohlmann had described some of the more chronic poisoning cases, as it would have been very instructive to contrast them with the acute forms; the nervous symptoms of the chronic cases were often of great clinical interest. He argued that the classification into acute and chronic was not exact enough. He thought that the force of gravity would cause ulceration on the posterior and cardiac quite as much as on the pyloric end of the stomach, and he asked for some more definite classification of the modes of treatment for corrosive, irritant and narcotic poisons.

MR. RAKE referred to one of the cases of poisoning by soldering fluid in which Mr. Lane had performed a gastrostomy, and wondered he had not preferred pylorectomy.

MR. GILL said that he had had a good deal to do with the case mentioned, and that the patient was starving when he was admitted, and it was thought that the less done surgically the better. He regretted that Mr. Wohlmann had not made any remarks on phosphorus poisoning and its possible relation to acute yellow atrophy of the liver. Some authorities said that this disease was always caused by phosphorus poisoning, but he differed with them, as he felt bound to believe that if this were the case, mention would have been made of it in the post mortem reports of the many cases of acute yellow atrophy on which an autopsy had been made.

MR. WOHLMANN replied to the speakers, and a vote of thanks, proposed by MR. WAKEFIELD and seconded by MR. HOPKINS, was carried unanimously.

GUY'S HOSPITAL LONDON UNIVERSITY CLUB.

The Annual Meeting of this Club was held at the Café Royal, Regent Street, on Thursday, December 11th, Dr. Pavy, President, in the chair. The Secretary (Dr. Horrocks), read the Annual Report, pointing out that the Club now consisted of 94 members, an increase of 11 during the last year. The Treasurer (Dr. Galton), brought forward a statement of accounts, which shewed that the financial condition of the Club was satisfactory. The following officials recommended by the old committee were appointed for the ensuing year: President, Dr. Pavy; Vice-Presidents, Mr. Howse and Dr. Taylor;

Committee, Drs. and Messrs. Burgess, Davy, Fripp, E. W. Goodall, Hopkins, Parkin, Price, Purnell, A. J. Sharp, L. E. Shaw, Uhthoff and Wainwright; Secretary, Dr. Horrocks; Treasurer, Dr. T. H. Galton. A vote of thanks to Dr. Pavy for presiding was carried with acclamation.

The annual dinner of this club took place on Thursday, the 11th inst., at the Café Royal. Dr. Wilks, F.R.S., took the chair, and a representative and fairly numerous company sat down. The excellent catering, the recent examination successes, and, more especially, the expectation, duly realised, of an interesting discussion anent the present relations of the London University, combined to produce a very enjoyable occasion.

The usual loyal toast having been consummated, the Chairman gave "The London University." He defended the intended reforms. The present institution, holding aloof, as it does, from all teaching functions, is, in the eyes of the unbiassed critic, an anomaly, and unworthy the name of a university. To the foreigner it was an incomprehensible thing that London should boast no great teaching University. To be the centre of light and leading is the true function of a metropolis. Dr. Wilks went on to defend the present position of the Senate, which, he said, was suffering from the obstructive tactics of certain other bodies.

Mr. Howse, in replying, said he could not speak with the authority of a member of the Senate, but only as an examiner at the University. In that capacity he was able sincerely to congratulate the hospital on its position this year. He demurred to the remarks of the chair as to the nature of the relations of the Senate, with, at any rate, one important institution with which he himself was associated. The latter had decidedly displayed no intractability.

Dr. Edmund Galton then gave "Guy's Hospital." He remarked that when he knew the hospital it was exceptional for men to go in for a London degree; now he was glad to find that it was so much done, and with such conspicuous success.

Dr. Shaw responded. He said that he felt such a toast scarce needed a reply. How could *we* thank *us* for sentiments we all shared? He was, however, very glad to reply on behalf of the hospital.

The Chairman next proposed "The Club," to which the Treasurer and Secretary replied. The former, Dr. J. H. Galton, remarked that his duties were by no means onerous. It was true that there were a few subscriptions still unpaid, but he was sure he need fear no personal violence when he asked for them. Speaking of the ambitions of Guy's men, Dr. Galton said they all started in the spirit of the grand old motto, "*Aut Cæsar aut nullus.*" Some came afterwards to recognise the worth of a "really good and efficient *nullus!*" All might do their duty efficiently as nullities, and be proud of it.

Dr. Horrocks spoke hopefully of the condition of the Club. It had considerably increased its membership since last year, and its finances were satisfactory. A smoking concert had been held during the summer, which was very successful, though not so largely attended as it might have been by the members themselves. A deficit in connection with this concert had been kindly met by Dr. Pavy (applause). He took the opportunity of thanking Dr. Price, Mr. Roper, and others present, for the assistance they gave on that occasion. Dr. Horrocks went on to remark that although he had heard it suggested that the existence of the Club had not been sufficiently notified to London men at Guy's, he could not understand such statements. Its formation had been duly announced in the Gazette which every sensible man made a point of reading), and moreover the University register had been carefully gone through, and every graduate and undergraduate from Guy's had been communicated with.

The next toast was "Men who have passed examinations during the current year", Drs. Starling, Campbell, and Parkin, in replying, discussed the value of Honours Examinations, and Mr. Hopkins urged the value of the club to undergraduates.

The Chairman's health followed, proposed by Dr. Burgess. It was enthusiastically received, with musical honours, and a humorous reply from Dr. Wilks brought the occasion to a close.

WE HEAR!

That a susposed *Trichina Spiralis* caused great consternation amongst our respected residents last week. It eventually proved to belong to the order of *carcinomata.*

That the test examinations for first and second year's men has thrown a cloak of gloom and melancholy over the otherwise joyous wielders of scalpel and forceps.

That a benevolent little old gentleman has earned great popularity in the bounds of the house of Burlington.

That in future the Physical Society's proceedings will be reported, and not commented on with extracts from effete poets.

That the weary extern who is summoned to a case about 8 a.m., and returns at 10.30 a.m., has to get his breakfast at a neighbouring restaurant because the College regulations forbid its being served at that hour.

That a Barnumian collection may now be seen on presentation of visiting card to lift man in medical building. Amongst other interesting specimens are the leech (Hirudo æscultata), the Tiger (Felis Tigris), the Monk-fish (Lophius piscatorius), and the Mugwump. Two grandfathers and their big brother have care of the exhibits.

That the candidates for the post of extra-bathman to this Hospital met on Saturday last and wheeled the clothes truck up and down in front of the Medical building. This trial of strength was much apprceiated by the candidates themselves.

Passim.

Mr. Parry's letter in our last was considered at a recent meeting of the Presidents of the Physical Society. Being essentially a medical society, with traditions of so many years' standing, it is not probable that the Presidents will entertain any new departure in the direction proposed. However we consider the suggestion a good one, and believe debates held in the Smoking Room on the Saturdays when there is no "Physical" or "Smoker" would be a great success.

In days gone by, the surgical dresser used to be provided with a box in which he carried about his dressings. The following poem was written sixty years ago, and has never before been printed. It was sent us by Dr. Wilks, F.R.S.

With every weapon stored for waging war
Against foul ulcer, scented from afar;
Well armed with instrument of rusty steel,
With plasters, bandages, and linseed meal—
The well-known box, to every dresser wed,
With heedless haste is thrown upon the bed;
Lighting by chance on some poor devil's toe,
The echoing ward rings with the shrieks of woe;
With feeling heart the dresser turns him round,
And slowly sets his box upon the ground.

Old Guy's men will remember Monson Hills, formerly "Surgery Man" at Guy's. He was appointed to the post on the death of his father in 1856, and held the office for more than twenty years, when he was pensioned. Since then he has acted as assistant and dispenser to medical men. Three weeks ago Dr. Wilks was asked to go and see him at Peckham, and found him very ill with a huge carbuncle at the back of his neck. Mr. Durham kindly went down with his brother and opened it; but the patient sank and died two days afterwards.

Mr. Hill's father was one of the notabilities of Guy's in the student days of Dr. Wilks; the latter describes him as having been the most conspicuous man at the Hospital. He always dressed in black, with a huge white cravat, in imitation of Sir Astley Cooper; and he followed the surgeons round with a tray containing instruments, &c., and was present at all the operations. He wrote a little book on cupping, and so gained the title of "Cupper to Guy's." Strangers coming into the operating theatre immediately spotted him and said, "Who is that gentleman?" He was a good friend to the students, who called him "Governor."

With this, the last issue of the Gazette for 1890, we wish all our friends a very pleasant Christmas, and we hope that those who are about to rest from their anatomical labours will have an enjoyable holiday.

At this season of the year, an opportunity of congratulating some of our number on their examinational successes is never wanting. The names of the successful candidates, on this occasion, will be found in another column. Mr. R. D. Mothersole has performed the surgical "hat-trick," and we presume that the appropriate decoration would be blood-red.

Mr. W. L Blight's name was unfortunately omitted in the last issue of the Gazette. He has passed the Final Fellowship examination, and we trust that he will accept our hearty, though tardy, congratulations.

It was stated at the Dinner of the Guy's London University Club, that in the recent examinations we had passed 11 out of 13 in the M.B., 8 out of 11 in the B.S., and 7 out of 10 in the M.D.; and that of the total number (25) of Masters of Surgery of the London University 11 were Guy's men.

It appears, that in consequence of the McKinley bill, out fellow students across the mill-pond will have to pay 60 per cent. duty on imported microscopes—a beneficent legislature indeed.

The Editors of the Gazette desire to thank the following firms for their great kindness in lending Pianos to the Hospital. They have conferred the greatest happiness upon the patients, for there is nothing they enjoy more than the enlivening strains of music, and it will be true music, as anyone can tell who looks at the names mentioned below:—Messrs. Brinsmead & Son, 20, Wigmore Street; Messrs. Broadwood & Sons, 38, Great Pulteney Street: Messrs. Erard, 18, Great Marlborough Street; Messrs. Metzler & Co., 40, Great Marlborough Street.

PASS LIST.

LONDON UNIVERSITY.

M.D. Degree.

Campbell, H. J.
Carpenter, G. A.
Moss, E., B.S.
Parkin, A., M.S.
Roberts, J. L., B.A., B.Sc.
Smith, J. W.
*Starling, E. H., B.S.

M.S. Degree.

Mothersole, R. D.
Tubby, A. H.

B.S. Degree.

1st Division.

Hall, F. W.
Norburn, A. E.
Richards, J. S.

2nd Division.

Bryant, J. H.
Fawcett, J.
Ricketts, T.F., B.Sc.
Stevens, T, G.
Webber, H. W.

2nd M.B. CAMBRIDGE.

Part I.

Pharmaceutical Chemistry.

H. B. Bolus.
C. E. Cooper.
C. A. Trouncer.

Part II.

Anatomy and Physiology.

G. H. Field.
W. R. Grove.
G. Lawrence.
E. Ransome.
A. Shillitoe.
G. F. Still.

3rd M.B. CAMBRIDGE.

Part I.

W. Carling.
M. Craig.
W. H. Fisher.
A. H. Godson.
C. G. Roberts.
D. W. Samways.
F. M. Turner.

* Obtained number of marks qualifying for Gold Medal.

GUY'S HOSPITAL DENTAL DEPARTMENT.

Analysis of Work done for November, 1890.

Extractions, Ordinary		345
" Gas		297
Gold Fillings		126
Amalgam. "		73
Osteo "		96
Temp. G.P. "		109
Perm. G.P. "		5
Scaling		20
Advice		53
Attendances: Crowns		12
Regulations		37
Splints		13
Dentures		4
Dressings		122
	Total	1312

APPOINTMENT LIST FOR JANUARY.

Obstetric Residents.—Messrs. J. H. Bryant (January), J. Fawcett (February), J. S. Richards (March).

Clinical Assistants.—Messrs. T. F. Ricketts, A. Thomas, H. Hodgson, C. G. Roberts, W. Winslow, W. G. Rogers.

Dressers in the Eye Wards.—Messrs. D. W. Samways and R. E. Williams, (Mr. Higgens) January; H. B. Rygate, J. Young, (Mr. Brailey) January; J. V. Blachford, (Mr. Higgens) March.

Surgeons' Dressers.—Messrs. W. A. Higgs, J. Emmet, W. D. Spurrell, A. T. Jago, H. W. John, J. E. Coulson, (Mr. Durham; W. Colclough, D. S. Long, G. Sichel, A. T. Rake, H. E. Durham, T. B. P. Davies, (Mr. Howse); H. A. Bryant, F. E. Williams, H. B. Wilkinson, C. E. Salter, A. W. Sheen, C. Braithwaite, (Mr. Davies-Colley); G. Pender-Smith, A. E. Tebb, H. E. Cartwright, W. A. Haslam, H. L. E. Wilks, S. J. Roberts, (Mr. Lucas).

Post-Mortem Clerks.—Messrs. A. Reeves, R. Gillbard (Jan.); P. M. May, C. S. Pantin (Feb.); G. H. Field, W. J. Harris (March).

Dental Surgeons' Dressers.—Messrs. A. C. Elliman, E. Cornish and J. R. R. Pollock.

Aural Surgeons' Dresser.—Mr. H. St. J. Fraser (Jan.)

Obstetric Ward Clerks.—Messrs. G. E. March and C. G. F. Morrice.

Obstetric Out-Patient's Clerks.—Messrs. E. E. B. Landon (1st half), J. W. F. Jewell (2nd half).

Dressers in the Throat Department.—Messrs. H. V. Hickman, J. M. Thorne, V. H. Barr and J. R. Evans.

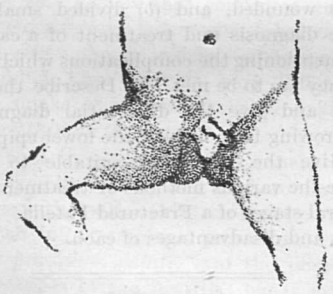
Medical Ward Clerks.—Messrs, E. Huntley, C. G. Gregar, O. C. Worthington, H. K. Rayson, F. W. Wilson, A. L. Allworth, S. Croneen, W. Bligh, F. P. S. Cresswell, T.D. Lister, E. G. Evans, C. N. Thomas, W. H. Fisher, W. S. Frith, M. Craig, A. M. Daniel, T. H. Evans, J. O. Williams, A. J. Sharp and J. D. Thomas.

Assistant Surgeons' Dressers.—Messrs. E. J. H. Budge, F. P. Bush, E. S. Worts, A. Allport, W. P. B. Donnelly (Mr. Golding-Bird); E. T. E. Hamilton, T. R. Taylor, A. M. Daldy, T. J. Mills, H. C. Sharp (Mr. Jacobson); E. E. W. Roe, C. M. Fleury, W. E. Alston, S. C. Cresswell, E. S. Dukes (Mr. Symonds); F. G. Saffery, A. G. Buchanan, S. G. Floyd, C. E. Moffatt, R. H. Luce (Mr. Lane).

Surgical Ward Clerks.—Messrs. C. W. Moorshead, J. W. Eastment, R. Ingram, A. H. Card, A. V. Chapman, D. A. W. Martin, S. Infield, W. C, Lawton, F. G. M. Philps, F. H. Edwards, R. G. James, P. H. Hacquoil, V. Pendred, F. Hazell, F. G. Hopkins, E. Ransome, G. F. Still, W. R. Grove, H. A. Munro, E. Hunt.

Assistant Surgeons' Clerks.—Messrs. R. Henderson, A. L. Roper (Mr. Jacobson.)

A CASE OF PUBIC DISLOCATION OF THE HIP JOINT.



The following case may prove interesting, both on account of its extreme rarity, and from the fact that the appearance and measurements of the limb in its new position differed materially from those given in the classical accounts in the text books.

G. O., æt. 4, while playing in the street, was suddenly overtaken by a cart; attempting to escape, his right foot got caught by the spokes of the wheel, and before it could be disengaged a severe wrench was communicated to the limb. Condition on admission:—The attitude of the affected limb is shown in the accompanying diagram, and was as follows, when the boy was on his back.

The whole limb was rotated strongly outwards in such a manner that its outer surface was posterior, its inner anterior, and a line drawn transversely through the condyles of the femur would be perpendicular to the plane of the bed. The thigh was abducted through nearly a right angle, and the leg flexed to a similar degree upon the thigh, the foot slightly pointing.

The head of the femur could be seen and felt as a hard rounded swelling, just above Poupart's ligament, and midway between the Ant. Sup. Spine of the Ilium and the Symphysis Pubis. From the swollen condition of the parts, however, its relation to the Femoral vessels could not be satisfactorily determined, though it was evidently not pressing much on the Femoral artery, as the pulsation in the Tibials was unaffected.

The usual prominence of the Great Trochanter was replaced by a well-marked depression, which, when later on the patient was put under ether, was still more marked when he was held up in the erect posture and the limb allowed to hang.

It was interesting to observe that although complete muscular relaxation was produced by the anæsthetic, the position of the limb remained unchanged.

Careful measurements proved the limb to be neither lengthened nor shortened, though its circumference at the fold of the groin was three inches greater than that of the sound side. When the patient was fully under ether, the dislocation was easily reduced by a movement of circumduction inwards of the limb, the head of the bone being at the same time directed downwards and outwards into the acetabulum by traction on the thigh, combined with direct manipulation of the head with the fingers. A Thomas' hip-splint was then applied.

In the only other recent case at the Hospital of this form of dislocation, the position of the limb was identical with that shewn in the drawing, but, being in an adult, the reduction was not quite so easy. The patient was put under chloroform, and, the knee and thigh being flexed, his body was lifted from the bed by making traction on the affected limb, thus using the weight of the body as an extending force, and then, by a movement of circumduction inwards, the head was replaced in the acetabulum.

EXAMINATION PAPERS.

M.D. AND M.S. EXAMINATIONS, 1890.

Mental Physiology.—1. State the rival hypotheses in regard to the physiological relation in which mind and brain stand to each other, stating the facts by which they are respectively supported. 2. Give proofs of the influence of mental states upon the physiological processes carried on in the body, and trace the efferent channels through which such influence is conveyed. 3. Describe the evidence establishing the fact of the objective source of sense-impressions, and briefly state the sensory and psychical events which normally follow upon the presence of an external object. (Sense-organ chosen for illustration, optional). 4. What, if any, evidence is there of the correlation between sexual and mental disorders? 5. Enumerate the principal causes of idiocy, and suggest a classification of idiocy based upon these causes. 6. Enumerate and briefly describe the mental disturbances or attacks which may occur during sleep, and carefully distinguish them.

Surgical Anatomy.—1. Describe the course and relations of the Iliac Arteries, and the effects on the circulation produced by tying the External Iliac Artery. 2. Describe the effects, immediate and remote, of Division of the Ulnar Nerve above the Condyle.

Surgery.—1. Discuss the pathology of chronic Joint Disease in the young, with the appropriate treatment in detail. 2. Discuss the etiology and pathology of Varicose Veins of the lower extremity, and their influence on surrounding structures. Give the appropriate treatment at different ages.

M.B. LONDON EXAMINATION FOR HONOURS, 1890.

Medicine.—1. Describe the pulse-characters of high arterial tension. What are the chief causes of this condition, and what injurious consequences may result from it? What means can be employed to reduce arterial tension? 2. Describe the principal morbid conditions of the Myocardium, excluding simple hypertrophy, and their effects and symptoms, 3. Discuss the ætiology, morbid anatomy, symptoms, and treatment of acute inflammatory diseases of the Spinal Cord and its Membranes.

Medicine.—1. Discuss the causation, varieties, and diagnosis of pain in the left side of the chest; and indicate the principles of treatment. 2. Give a concise account of Diseases of the Pancreas. 3. Describe the clinical forms, symptoms, diagnosis, and treatment of Rickets.

Obstetric Medicine.—1. Describe the Kyphotic Pelvis, the mechanism of its production, and the course of unaided labour when it exists. 2. What are the peculiarities of Scarlatina when it occurs in a puerperal woman? What evidence is there for or against the view that scarlatinal infection can originate puerperal fever. 3. Describe the physical signs at the height of an attack of Parametritis *(a)* in the case of parametritis of the ordinary form, *(b)* in the case of any other varieties which may occur.

Obstetric Medicine.—1. Describe the course and relations of the ureters in the female pelvis. 2. Give the clinical history of a case of phlegmasia dolens, and state your views as to the pathology of that affection. 3. Under what circumstances is it justifiable to induce abortion or premature labour? Describe the methods you would employ, and state the conditions that would influence your choice.

Forsenic Medicine.—1. The legitimacy of a child born two hundred days after marriage is contested. State precisely the points which would enable you to give an opinion as to whether the child was procreated before or after wedlock. 2. What are the symptoms of poisoning by hemlock? Point out their diagnostic significance. How may hemlock be distinguished from other umbelliferous plants? By what means may the active principle of the plant be separated and recognised? 3. Enumerate the chief forms of poisoning which are the result of industrial occupation, and briefly indicate the points which assist in diagnosis, inclusive of the most characteristic post-mortem appearances. 4. A man has gradually lost the use of his legs after being severely shaken in a railway accident, and you are asked to examine him with a view to the assessment of damages. State accurately your mode of procedure, and the points which would enable you to connect, or otherwise, the symptoms with the accident.

B.S. PASS EXAMINATION, 1890.

Surgical Anatomy and Surgery.—1. Describe the Posterior Triangle of the Neck and the operation of tying the Subclavian Artery. 2. Describe a case of Extravasation of Urine in the male, including the anatomy of the parts involved. State the various causes of extravasation and give the treatment of each variety. 3. Describe a case of Traumatic Tetanus, giving the symptoms, pathology, and treatment in full.

B.S. HONOURS EXAMINATION, 1890.

Surgery.—1. Describe in full detail the treatment of a case of (*a*) wounded, and (*b*) divided small Intestine. 2. Give the diagnosis and treatment of a case of Senile Cataract, mentioning the complications which may occur, and how they are to be met. 3. Describe the diagnostic characters, and give the differential diagnosis of the Tumours growing from or near the lower epiphysis of the femur. Give the treatment suitable to each case. 4. Describe the various methods of treatment applicable to the several stages of a Fractured Patella. Mention the advantages and disadvantages of each.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

SIR,—I have read Mr. Leathes' able paper on "Tobacco" with much interest. He discusses smoking more philosophically and fairly than is usual. Somehow or other tobacco smoking, whenever its merits or demerits come on for discussion, almost invariably provokes the expression of intemperate opinions, for or against; but Mr. Leathes has held the scales impartially without seeking to make either "kick the beam."

There is one point on which Mr. Leathes has not touched which I think requires elucidation When tobacco is smoked where does the smoke go to? Does it enter the lungs or does it not? I have read many "counter-blasts" against tobacco, and in all of them, as far as my recollection serves me, it is assumed that the smoke is inhaled; that, in fact, the smoker breathes in (*inhalo*, I breathe in) the smoke.

Even medical men—smokers as well as nonsmokers look upon the act of smoking as one of inhalation. This

is proved at once by quoting from a paper read recently before the South Eastern Branch of the British Medical Association by Dr. Bristowe. In speaking of the influence of the healthy heart upon the movements of the healthy lung, Dr. Bristowe says:—"In discussing the subject some year or two ago with my house-physician, Dr. Charles Evans, now of Shaftesbury, he told me that while smoking he had often observed that on allowing inhaled smoke to escape leisurely from his lungs, it came away in rhythmical pulses synchronous with the beats of the heart; and he performed the experiment successfully in my presence." Dr. Richardson too, whom Mr. Leathes speaks of as "no friend to tobacco," in his "Diseases of Modern Life," says "Free carbon in confirmed smokers discolours the secretions of the bronchial tubes;" and "The smoker who carries about with him the odour of tobacco cannot eliminate from his lungs with the rapidity he should, so the odours hold to his breath." Now from these quotations, and from the fact that Dr. Bristowe's statement was received, without question or comment, by an audience of medical men, it is clear that smoking is commonly taken to be the inhalation and exhalation of tobacco smoke. I maintain that it is not so. I know that confirmed smokers can breathe an atmosphere so laden with tobacco smoke as to make each other almost invisible without the excitation of coughing; but this is very different from inhaling the smoke *as it comes from the combustion of the tobacco directly into the lungs.*

I maintain that, in ordinary smoking there is no inhalation, but merely suction, and that confined to the cavity of the mouth itself. It is true that on swallowing with the mouth full of smoke it passes, on the raising of the *velum pendulum palati*, into the pharynx, and ascends and escapes by the nostrils; but it never goes, except by accident, into either larynx, œsophagus, or Eustachian tubes. If there be any doubt on the question, let me recommend it for solution to your next smoking concert! I do so, however, with trepidation, lest the experiment should prove dis*concert*ing, if not even destructive, to the harmony of the occasion. I think it will be found, wherever or whenever the experiment is tried, that the smoke coming direct from the combustion of tobacco is so pungent, chiefly from the ammonia it contains, that no human lungs can be induced to tolerate its presence even for a moment without protesting by a violent paroxysm of coughing.

I think it is a vast pity that it should be so, for so destructive of vegetable parasites is tobacco smoke, and so reasonable from analogy is it to expect that it might be equally destructive to animal parasites if it could be applied to them directly in their *habitat*, that I should not be surprised were it to make *at least* as short work of the bacilli in pulmonary tuberculosis as Dr. Koch's lymph! If it did not kill them *in situ* it might, perhaps, "smoke them out," as Marshal Bugeaud did the Kabyles from their caves in Algeria.—Faithfully yours,

EX FUMO DARE LUCEM.

Review.

We have received a box of Christmas cards and illustrated books of poetry from Messrs. Raphael Tuck and Sons. They are original, truly beautiful and artistic, and again enable this firm to take the first place in this industry demanding so much taste and talent.

A great many of the cards are Christmas presents in themselves; "The Song of the Shirt," shaped like a reel of cotton, and containing Tom Hood's well known poem, illustrated by J. W. Grey, is a beautiful protest against the sweating employer; "A basket of mischief," composed of pictures of child life and simple descriptive verses is admirably adapted for boys and girls, while older people will be charmed with a little poem by E. Nesbit, entitled "Singing through the Year." "Little Ah Sid," is another book for young and old alike; it deals with a China boy's adventures with a bumble-bee, and is most quaintly decorated.

Perhaps the prettiest book is Herrick's poem "Let's go a Maying," entreating Corrinna to forswear the pleasures of her couch and join the throng of flower seeking children. Miss Nichol, well known for her lovely sketches, has depicted the many scenes in the poem, and the whole effect is truly perfect.

A special feature has been made of private autograph cards, which have the heads of birds and animals drawn across the corner, and leave a space for the sender's name and greetings. The "Art Gems," touched with lustre paints, are another novelty, and their marvellous cheapness brings them within the reach of all. The sepia drawings on porcelain are not a new feature, but they are still desirable presents, and Messrs. Raphael Tuck have provided them with a brass stand and they thus form charming decorations for table or mantelpiece. Gem calendars are also designed in the same way. An old Scotchman taking snuff; terrier, which on pulling a string displays the mouse he has swallowed; birds, frogs and dogs in comic positions, are all new ideas, and form many a pretty and cheap card. The religious view of Christmas is not forgotten, and several additions have been made to the beautiful series of copies of the old masters' pictures of "The Nativity," for which this firm is already so well known. We advise our readers to pause before they buy their Christmas and New Year's cards, and visit more than one shop in order to see those we have described, and many more equally lovely and ingenious which space forbids us to dwell on, and if they write direct to one of the agents, they can obtain them all without having their toes trampled on by those busy old ladies who hover around the drawers of cards in stationer's shops and never seem satiated.

Note that the cards are many of them sent ready for travelling in suitable envelopes protected with cardboard, and remember the special New Year's cards, the giving of which is becoming very common.

Sport.

ASSOCIATION FOOTBALL.

GUY'S HOSPITAL v. CHAMOIS.

The Hospital Association team journeyed down to Hackbridge on Saturday, December 6th, to fulfil their engagement with the Chamois. The game was well contested throughout, if rather of the rough-and-tumble order, and at the termination of the game each side had scored once. The Hospital were the first to obtain a goal during the early part of the game, Francis by a good shot beating the goal-keeper. The Chamois soon after responded, and thus made matters equal, and thus they remained until the call of time. Both sides on several occasions were within an ace of scoring, but through good goal-keeping and rather "hard lines" were kept out, All the back division for the Hospital worked hard for victory, but the forwards were weak, and missed several good opportunities of scoring.

Team.—Guy's :—H. S. Williams, goal; W. S. Frith and H. D. Packer, backs; W. Poole, H. C. Sharp and H. T. Hinton, half-backs; B. Pendred, centre; R. C. Kirkby, C. J. Francis, left wing; H. B. Thurston and H. Hewetson, right wing.

Chamois.—J. Bauce, goal; A. B. Peile and G. Sandragon, backs: N. Moody, P. Peters and J. Gaynor, half-backs; G. Quint, H. Emery, J. Johnston, J. Laidlow, and P. Tempriere, forwards.

The Hospital team (Association) journed down on Saturday, December 18th, to St. Margarets as no telegram had come to scratch the match. But on arriving there a dense fog was found to pervade all things, besides the ground being perfectly frost-bound. The authorities informed us that the fog had only just come on, and so they had not time to stop us coming down. It was intensely annoying, though, as I hear there was very good skating going on that afternoon in different suburbs of the metropolis.

The match on Saturday, December 20th, *v.* Chiswick Park, which was to have been played at Raynes Park, has been scratched.

Death.

HOLMAN. — On December 5th, at East Hoathly, Henry Holman, M.R.C.S., aged 88 years.

Advertisements.

LONDON.—NON-DISPENSING PRACTICE for transfer. Receipts average £1,700 per annum. There is very little night work; the practice is easily worked, and has not been pushed. The books have been well kept, the bad debts do not amount to 2 per cent. of the earnings. The incomer should possess an M.D. degree, and have had some years' experience in good class practice. Eighteen months' introduction will be given, and two-and-a-half years' purchase required.—Address, Mr. C. H. Wells, Guy's Hospital, S.E.

ASSISTANTSHIPS.—Gentlemen desirous of taking an Assistantship should apply at the Medical Office without delay, as at the present time there are four vacant salaries ranging from £200 downwards. Two vacancies are for Welsh speaking assistants.

QUALIFIED ASSISTANT WANTED.—Large Town. North-east district of England. Thoroughly reliable man required. Salary indoors, £100, and 5*s.* on each Midwifery.—Apply J., Mr. Wells, Guy's Hospital.

AN M.R.C.S. L.R.C.P., aged 28, wishes to meet with an Assistantship in middle class practice, with a view to partnership on easy terms, in London or south of England preferred. Fond of work, steady and reliable. Testimonials good.—Apply K., Mr. C. H. Wells, Guy's Hospital.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

COACHING.—M.D. Lond., F.R.C.S. Eng., prepares Gentlemen for the London University, Fellowship, First, Second or Final Conjoint Examinations. Terms moderate.—Address, M.D., Park View, Alexandra Road, Upper Norwood.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

PRACTICE OR PARTNERSHIP. — Wanted by a Guy's man, M.B. Durham, M.R.C.S. Eng., Partnership with an elderly practitioner preferred; country town south or west of England. Advertiser has had considerable experience as Locum Tenens, Assistant, &c.—Apply, Mr. Wells, Medical Office, Guy's.

BOOKS! BOOKS! WANTED—in good condition; cheap. Cornil and Ranvier. Path. Vol. II. Walsham's Surgery. Green's Path. Lewer's Dis. of Women. Galabin Manual of Mid. Hilton's Rest and Pain. Ziegler's Path. Must be last editions.—Apply Librarian.

WANTED—Book containing Questions on Medicine, Surgery, Psychology, Surgical and Medical Anatomy, Hygiene, Medical Jurisprudence, and Toxicology, also Correct Notes of above subjects.—Apply Studens, c/o Mr. Grattan, 16, The Boro'.

AN OLD GUY'S MAN practising in one of the best suburbs in the North of London, desires a Resident Patient, either adult or child. Every consideration given and terms moderate. Very healthy neighbourhood and pretty surroundings.—Apply in first instance to Mr. Wells, Medical Office, Guy's, S.E.

BOOKS WANTED, Cornil & Ranvier's Pathology, Vol. II. Part 2, Hillow's Rest & Pain, Ziegler's Pathology, Trive's Surgery.

PURCHASE Messrs. Raphael Tuck & Son's Christmas and New Year Cards.—Coleman Street, City, E.C.